

MENTAL DEFICIENCY.

COMMUNICATIONS, REPORTS AND
DISCUSSIONS

ON

MENTAL DEFICIENCY

AND THE

MENTAL DEFICIENCY BILL, 1912.



*Reprinted from the 'Journal of Mental Science,' and Published with
the Authority of the Medico-Psychological Association
of Great Britain and Ireland*

BY

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MENTAL DEFICIENCY.

THE MENTAL DEFICIENCY BILL, 1912.

By THEO B. HYSLOP, M.D., F.R.S.E.

A DISCUSSION ON THE LEGISLATIVE PROPOSALS FOR THE CARE AND CONTROL OF THE MENTALLY DEFECTIVE, OPENED BY DR. THEO HYSLOP AT THE ANNUAL MEETING OF THE MEDICO-PSYCHOLOGICAL ASSOCIATION HELD AT GLOUCESTER ON JULY 12TH, 1912.

THE proposals for legislation as contained in the Mental Deficiency Bill are here dealt with under the following heads, *viz.* :

(1) The need for legislation as evidenced in the Report of the Royal Commission on the Care and Control of the Feeble-minded.

(a) The scope and limitations of the definition of the feeble-minded.

(b) The classes of the feeble-minded for which legislation is most urgently needed.

(2) Do the legislative proposals contained in the Mental Deficiency Bill ensure adequate provision for the most needful cases?

(3) Is sufficient protection ensured for existing institutions for idiots and imbeciles and for other institutions in which defectives are at present treated?

(4) Is the liberty of the subject adequately safeguarded as regards—

(a) Certification?

(b) Re-certification?

(c) Discharge?

(5) Are the objects of the Bill reasonably attainable from the points of view of—

(a) Administration ?

(b) Economy ?

In opening the discussion attention is paid to general principles rather than to the consideration of details, which doubtless will, in due course, be subjected to many modifications and corrections. It has seemed advisable and politic to attempt to re-establish to our own satisfaction the conviction as to the necessity for legislation for the mentally defective, and in discussing the means proposed to remedy some of the evils known to exist it also seems advisable and politic to bear in mind that if we are in complete agreement as to general principles, we must not by hostile criticism, ill-proportioned or ill-advised magnification of details furnish others with pretexts for the blocking of the Bill altogether.

(1) *The Need for Legislation as Evidenced in the Report of the Royal Commission on the Care and Control of the Feeble-minded.*

The references in the Royal Warrant to the Commission were—"to consider the existing methods of dealing with idiots and epileptics, and with imbecile, feeble-minded, or defective persons not certified under the Lunacy Laws; and in view of the hardship or danger resulting to such persons and the community from insufficient provision for their care, training, and control to report as to the amendments in the law or other measures which should be adopted in the matter, due regard being had to the expense involved in any such proposals and to the best means of securing economy therein;" and also "to inquire into the constitution, jurisdiction and working of the Commission in Lunacy and of other lunacy authorities in England and Wales, and into the expediency of amending the same or adopting some other system of supervising the care of lunatics and mental defectives; and to report as to any amendments in the law which should, in the opinion of the Commission, be adopted."

In accordance with their interpretation of the references the Commission considered the existing methods of dealing with the following classes of persons, *viz.* :

(1) Idiots, whether certified or uncertified under the Lunacy Acts or the Idiots Act.

(2) Epileptics, whether certified or uncertified under the Lunacy Acts or the Idiots Act.

(3) Imbecile, feeble-minded or defective persons not certified under the Lunacy Acts.

An extension of the Royal Warrant, dated November 2nd, 1906, authorised an inquiry into the constitution, jurisdiction, and working of the Commission in Lunacy and of other lunacy authorities in England and Wales, and into the expediency of amending the same or adopting some other system of supervising the care of lunatics and mental defectives.

It became a duty, therefore, to inquire into and report upon the constitution and working of the Lunacy Commission, the Judge and Masters in Lunacy, and the Lord Chancellor's Visitors in Lunacy.

The original reference covered the United Kingdom of Great Britain and Ireland, and evidence was taken from Scottish and Irish witnesses.

The Commission considered the evidence given before previous Royal Commissions and Committees, and they also obtained through the Foreign Office and Colonial Office full particulars of the manner in which foreign countries and the Colonies are dealing with the questions submitted in the reference. In addition to this, five of the members of the Commission visited the United States of America, whilst others visited numerous institutions in England and Wales, Scotland and Ireland, and on the continent.

It may be mentioned also that in order to obtain statistics on which to base estimates, etc., medical men were appointed to make a thorough inquiry in regard to the number of mentally defective persons (including "epileptics") in sixteen separate typical districts, both urban and rural, in England and Wales, Scotland, and Ireland.

Mention has been made of the terms of reference and the scope of inquiry to show that the country was fully aware of the gravity of the situation and of the pressing need for detailed information. The appointment of the Royal Commission was in itself but an inevitable sequel to a long-felt need for the solution of a problem which has become, with each successive year, more and more pressing. The Commission was not called upon to break new ground, but to report upon conditions actually existing, and to suggest a remedy. Thus it will be

understood that the Report of the Royal Commission, far from being some new and startling thing sprung upon an unexpectant country, was merely an authoritative confirmation of the existence of conditions long known to have been in need of attention.

Of the gravity of the actual state of the mentally defective the Royal Commission was left in no doubt. The mass of facts they collected, the statements of their witnesses, and their own personal visits and investigations, compelled the conclusion that "there are numbers of mentally defective persons whose training is neglected, over whom no sufficient control is exercised, and whose wayward and irresponsible lives are productive of crime and misery, of much injury and mischief to themselves and to others, and of much continuous expenditure wasteful to the community and to individual families."

"We find," says the report, "a local and 'permissive' system of public education which is available here and there for a limited section of mentally defective children, and which, even if it be useful during the years of training, is supplemented by no subsequent supervision and control, and is in consequence often misdirected and unserviceable. We find large numbers of persons who are committed to prisons for repeated offences, which, being the manifestations of a permanent defect of mind, there is no hope of repressing, much less of stopping, who do not require the careful hospital treatment that well-equipped asylums now afford, and who might be treated in many other ways more economically and as efficiently. We find also at large in the population many mentally defective persons—adults, young persons, and children—who are, some in one way, some in another, incapable of self-control, and who are therefore exposed to constant moral dangers themselves, and become the source of lasting injury to the community."

Much other evidence from both towns and rural districts was obtained from the reports of the medical investigators. These reports indicate evils of extreme gravity which require the speediest attention. They refer "chiefly to feeble-minded persons connected with no institution and living in the local conditions and surroundings in which they have been brought up. Many of them no doubt remain with their families and are kindly treated. But very many are untrained and uncared for. Leading irregular and purposeless lives, they become entirely undisciplined and fall into vice and crime. And, except

so far as the special classes of the local education authorities may have, in a few places, met the need in some degree, there is no public organisation to train them according to their ability, and to control and supervise them, especially in the early years of life when most can be done to aid them effectually."

A main issue suggested by these reports was, how far it is possible to create a system by which these mentally deficient persons could at an early age be brought into touch with some friendly authority, trained, and, as far as need be, supervised during their lives, in co-operation with their relations, when that is to their advantage, or when it is desirable, detained and treated in some measure as wards of the State. The evidence also suggested that "as so many authorities are brought into contact with these persons—poor law, prisons, schools, and the like—in some way a settled plan of action should be established between the various agencies, so that some one supervising authority should see that they did not pass from one authority or institution to another, helped or detained a little at each, but permanently cared for by none."

With regard to the number of defective persons, there were estimated to be approximately 149,628 in England and Wales, or *·46 per cent.*, apart from certified lunatics. Of this total, 66,509 or *44·45 per cent.* require provision either (1) in their own interest, or (2) for the public safety. "There may be many others," says the Report, "for whom the present accommodation is not ideal"; these are not here included, but only such cases as are improperly, unsuitably or unkindly cared for, or who by reason of particular habits and characteristics are a source of danger to the community in which they live.

It will thus be seen that legislation is urgently needed for no less than 66,509 of the 149,628 mentally defective persons in England and Wales alone, the total number of mentally defective persons, including certified lunatics, being estimated at 271,697, or *·83 per cent.* of the population. As regards Scotland, *34·57 per cent.* of the defective were estimated as being urgently in need of provision, whereas in Ireland, as referred to in the statement from the Irish Division of our Association, there is immediate necessity for suitable provision for no less than *66·06 per cent.* of the mentally defective. That some provision for Ireland should be made is evident, and doubtless Ireland would have been included in the Bill, in much the same way as is

Scotland, were it not for the possibility of the constitutional relationship between Great Britain and Ireland undergoing a change in the near future.

It seems almost unnecessary for us to endorse the findings of the Royal Commission, and yet it would appear advisable to add our testimony to it in order to help various sections of the community to appreciate the existence of evils which are real and not merely a fanciful necessity based upon theories emanating from any school of eugenics. I venture to submit therefore that we are agreed as to the need for immediate legislation for the mentally defective.

(a) The Scope and Limitations of the Definition of the Feeble-minded.

In drafting the Mental Deficiency Bill great difficulty has arisen owing to the want of a really adequate definition of mental deficiency. In the report of the Select Committee of this Association appointed to consider the Bill it is stated :

“The kernel of the whole Bill lies in clause 17, defining the persons subject to be dealt with by the Bill, and it must be borne in mind that such persons must come under both sections (1) and (2). On examination it will be seen that the sub-sections (a) to (f) and (a) to (e) are so framed as to include a very wide range of mental defectives, embracing habitual criminals, inebriates, the uneducable, the unemployable, the subjects of drug habits, and persons unfit to procreate. While agreeing with the inclusion of such persons in the Bill from a general standpoint, your Committee feel that the sub-clauses are too vaguely worded, and that further definitions are needed, particularly in regard to Clause 17 (e), dealing with those who are to be deprived of the opportunity of procreating children.”

The feeble-minded, according to the definition submitted to the Royal Commission by the Royal College of Physicians, are “persons who are capable of earning a living under favourable circumstances, but are incapable from mental defect existing from birth or from an early age (a) of competing on equal terms with their normal fellows; or (b) of managing themselves and their affairs with ordinary prudence.”

This definition, whilst excellent and comprehensive, is in itself not only hardly sufficient to form a basis for legislation, but it is also apt to give rise to many misgivings and appre-

hensions in the public mind, inasmuch as it might include many who might with justice be excluded from the provisions of any Bill involving any deprivation of liberty of the subject.

In the Report of the Royal Commission (vol. viii, p. 7) the words "mentally defective" were used to represent the whole group of cases that came within the scope of the investigation, whether they could, or could not, be certified under the Lunacy and Idiots Acts.

Of the *mentally defective* there were two classes, *viz.* :

(1) Those who from disorder of the mind, or through mental infirmity arising from age or from decay of their faculties, have lost the power of managing themselves or their affairs, *i.e.* :

(a) "*Persons of unsound mind*," who from disorder of the mind have lost the power of managing themselves or their affairs.

(b) "*Mentally infirm persons*," who through mental infirmity arising from age or from decay of their faculties have lost the power of managing themselves or their affairs, *i.e.*, persons who have at some time been normal in mind but have become abnormal.

(2) Those in whom the brain is in some way undeveloped, and will remain undeveloped throughout life, *e.g.*, idiots, imbeciles, feeble-minded, moral imbeciles, etc.

The Royal Commission based its conclusions on general principles, and advocated that special protection should be extended to all such mentally defective persons, and that this special protection should be given on the ground of the mental defect rather than because of destitution, crime, etc. They adopted the principle of protection of the mentally defective person *for such time only* as might be necessary for his good and for the good of the community, and in the mode of protecting such mentally defective person and his property the principles and privileges now granted only to lunatics and idiots were merely to be extended so as to give equal advantages to all classes of mental defectives.

(b) *The Classes of the Feeble-minded for which Legislation is most Urgently Needed.*

Viewed in the light of the principle of protection, Clause 17 of the Bill defines the various classes of defectives subject to be dealt with and for whose protection legislation is urgently

needed. In view of the defect (for legislative purposes) in the definition of the mentally defective as given by the Royal College of Physicians, it would probably be more satisfactory to the public mind if the definition of feeble-minded persons (Clause 17, Sub-sect. 2 (c), p. 9) referred to persons who may be capable of earning their living under suitable supervision, but who are incapable, through defect of mind existing from birth or from an early age, of managing themselves and their affairs with sufficient prudence to maintain an independent existence.

Clause 17, Sub-sect. 1 (e), which deals with the question of procreation, opens the door to much discussion and misconception in the public mind. As stated in a memorandum by the National Association for the Feeble-minded, and endorsed by the Special Committee of the Medico-Psychological Association of Great Britain and Ireland, the wording of this sub-clause is too vague for any Act of Parliament, and it is doubtful if public opinion is yet sufficiently ripe for the sanction by law of the adoption of such a general measure.

In the history of every prophylactic measure adopted for the benefit of the greatest number there has ever been much opposition and delay owing to fetish worship of the liberty of the subject, and, in this instance, in spite of overwhelming evidence of the existence of much evil inheritance that tends to destroy the vital energies of the nation, there are many who will raise their voices in indignant protestation. One point for our consideration is whether this matter of preventing procreation by the mentally defective is of equal urgency to the other matters referred to in the Bill. I, for my part, believe that it is one of the most important and farthest reaching of the benefits proposed, and that this sub-clause alone raises the principle of the Bill to a higher plane than does any other item in it.

The importance of this question is so great that a great deal of discussion will inevitably centre round it. We, who have to concern ourselves with the problems of degeneration, know quite well that much of the defective-mindedness so prevalent nowadays might in the future be obviated. We also know that, unfortunately for the welfare of the race, our advice and protests are only too frequently entirely ignored by those who seem incapable of thinking of anything beyond the gratification of their own individual desires.

I have said elsewhere ("The Marriage Laws in Relation to National Health," *National Health*, July, 1909):

"It is in my opinion not only justifiable, but even necessary, that all the facts gathered by scientists as to the laws of inheritance and *the propagation of disease by heredity should be taken cognisance of with a view to determining what are the real just causes or impediments why two persons should not be joined in holy matrimony*, and that true biological unfitness should in itself not only be a certifiable reason given by the physician, but that the law should uphold that certificate as it does in the case of the inebriate and the insane.

"We see so many evidences of degeneration resulting from alcoholism in parents that I am strongly of opinion that just as the habitual drunkard is deprived of his liberty either in an inebriate home or prison, so the existence of the *alcoholic habit* should be a bar to matrimony.

"Any person who has made alcohol a necessity or is unable to resist the temptation to indulge in alcohol may attain to a certain degree of success in mind or estate, but, biologically considered, the world would be the better had he never been born into it. And, needless to say, the marriage of such an one is, in my opinion, a sin and ought to be barred by law.

"I may also state that the Church will willingly fall in with any scheme which would relieve it from its responsibilities in sanctioning the marriage and propagation of the biologically unfit. The only too frequent total disregard of medical advice on the matter renders legislation imperative for the national health."

In view of the difficulty that may be experienced in reconciling public opinion to the adoption of Clause 17 (e) as it now stands, it might be advisable to restrict it in some way, either (1) by depriving each case of the opportunity of procreating children only on the advice of the Commissioners and with the consent of the Secretary of State, or (2) in whose case in addition to mental deficiency such circumstances exist as may be specified and advised by the Commissioners, and approved by the Secretary of State, as injurious or dangerous to the community, and as being circumstances which make it desirable that they should be not only subject to be dealt with under the Act, but that they should also be deprived of the opportunity of procreating children.

This, of course, should not interfere with, or in any way restrict, Clause 17 (e), which would remain as part of the definition of mental deficiency.

Certain it is that many will look to us for guidance in this matter, and if we can in any way remove some of its difficulties our recommendations will go far to facilitate the acceptance of the Bill.

(2) *Do the Legislative Proposals contained in the Mental Deficiency Bill insure Adequate Provision for the most Needful Cases?*

A point on which there may be some difference of opinion is the determination as to which classes of defectives are in most urgent need of help, *i.e.*, those who are already adequately or inadequately provided for, or those who are at large and who have no provision whatsoever made for their care or control.

The Royal Commission was equally emphatic with regard to the necessity for provision being made for both these classes, and in the Mental Deficiency Bill an attempt is made to meet the need in both cases. Inasmuch, however, as the financial aspects of the question do not appear to be adequate for both those already under some form of care and those not yet under care, it seems open to discussion as to whether we should object to the Bill on the ground of its being inadequate to meet all classes of cases, or to give it our support in the hope that after it has helped to relieve some of the most needful cases its sphere of usefulness may be further extended until all classes of defectives are benefited.

We who in the course of our professional experience meet with persons of defective mind who do not readily come under the Lunacy or Idiots Acts, and for whom there may be a reasonable hope of improvement if placed temporarily under some modified form of supervision and control, must feel some disappointment that the Mental Deficiency Bill makes no provision for such cases. In fact, *temporary and developmental attacks of mental deficiency are still inadequately provided for*, and we have to fall back upon the provisions of the Lunacy and Idiots Acts, or, for want of some other course to pursue, to allow the cases to run the risk of coming under the Inebriates or Criminal Acts. It would seem desirable therefore that some provision should be made for the inclusion in the definition of

the mentally defective such temporary and presumably curable cases. This would, of course, also necessitate careful revision of the methods of re-certification and discharge. Whether voluntary boarders should enjoy the same privileges as are afforded to voluntary patients under the Lunacy Acts is a matter for discussion.

- (3) *Is sufficient Protection ensured for Existing Institutions for Idiots and Imbeciles, and for other Institutions in which Defectives are at present treated?*

The Special Committee representing the voluntary institutions for idiots, imbeciles and the feeble-minded have drawn up a series of suggestions in which they urge the claims for recognition of the institutions as being suitable for the reception of defectives subject to the Act. Undoubtedly these claims are very strong, and it would appear advisable that they should be adequately recognised.

The chief objections to them are :

(a) Participation in the grant from public funds will necessarily *diminish voluntary contributions*.

(b) The utilisation of a large portion of the proposed Government grant for the purpose of maintaining those who are already under suitable care under the Idiots Act will *diminish the already too meagre funds available for providing for more necessitous cases*.

(c) Unless complete *segregation* could be given to mental defectives subject to the Act, only such cases as would be eligible under the Idiots Act should be treated in idiot and imbecile institutions.

(d) The reception of defectives in idiot institutions would necessitate for such institutions a *dual system of central control*, *i.e.*, under the Mental Deficiency Act and the Idiots Act respectively.

(e) The *stigma* of control under the Idiots Act might, in some instances, be attached to those who would advisedly, and perhaps more appropriately, come under the comparatively lesser stigma of mental deficiency. It has already been said, and it will again be said, that the Mental Deficiency Bill will label as defectives many who are at present at liberty. It is doubtful, therefore, as to whether the public will sanction an

extension of the powers of the Bill whereby any defective subjects under the Act may be controlled, not in an institution primarily for defectives, but for idiots and imbeciles of every grade and class. Mention is made of these points, not from any want of sympathy with the claims of the voluntary institutions for idiots and imbecile, but as indicating a series of difficulties of which the opponents of the Bill will only too readily avail themselves in their efforts to frustrate all legislation whatsoever.

- (4) *Is the Liberty of the Subject adequately safeguarded as regards (a) Certification? (b) Re-certification? (c) Discharge?*

(a) *Certification*.—It has been suggested that under the provisions of the Bill undue facilities are given for the certification of mental defectives who now enjoy their liberty without in any way being a source of danger either to themselves or to others. This misapprehension will be removed when the amended Clause 17 becomes fully understood.

(b) *Re-certification*.—With regard to reports and continuation orders the Commission will, as is the case under the Lunacy Acts and Idiots Act, see that these returns are sufficient for the purpose in every individual case, and doubtless we agree with the just criticism that *each case should be dealt with on its merits and not classed with others in a general report*.

(c) *Discharge*.—There are undoubtedly many instances in which an apparently incurable defective has improved sufficiently to be able to earn a modest livelihood. Every idiot and imbecile institution can afford testimony to this, and the public must be duly apprised of the fact that “once a defective always a defective” is not without exceptions, and that *due facilities will be offered for the discharge of cases which may have been subject to the Act, but in whom the improvement has been so great as to warrant their discharge from the provisions of the Act*. Such procedure would, of course, be on the advice of the Commissioners and with the consent of the Secretary of State.

Bearing these points in mind, the liberty of the subject would be as efficiently safeguarded under this Bill as it now is under the provisions of the Lunacy Acts and the Idiots Act. In any case, however, the protection offered to the mentally defective

far outweighs any possible risk or disadvantage which, under the Bill, are minimised.

Mr. McKenna, in moving the second reading of the Bill, pointed out very clearly that the provisions of *the Bill would not assail any of the accepted principles of individual liberty in the case of the feeble-minded any more than we interfere with that liberty now*. "Under existing law, when we clapped the feeble-minded into prison, into workhouses, or when we taught the children in special schools we interfered with that liberty in the wrong way." We entirely agree with him that the feeble-minded person ought not to be dealt with in prison for an offence which was no more than the offence of being feeble-minded, and he ought not to be treated in the workhouse, because his case was one in which workhouse treatment was no good to him. On the other hand, treatment in a suitable home, if it did not cure him, would give him a prospect of leading a fairly good and useful life. A defective was not sent to a home in perpetuity. He was only sent there after being committed by a Court of Summary Jurisdiction. A medical certificate had to be obtained and the right of appeal was given. Mr. McKenna also intimated that the majority of the cases which would be dealt with would be those of persons who were now sent to lunatic asylums or kept in workhouses, and that the Bill was only providing an appropriate method of dealing with persons who were now dealt with most inappropriately.

With regard to the element of compulsion he pointed out that the compulsion on the local authority to make an investigation relative to the feeble-minded persons within its area and to provide for them was limited inasmuch as there was *no compulsion on the local authorities to provide and maintain homes for feeble-minded persons beyond such number as that for which the State contributed*. This power given to the local authority to provide for all the feeble-minded within their area without compulsion to exercise that power if their means did not allow must necessarily tend to allay any misapprehensions in the minds of county and municipal councils.

(5) *Are the Objects of the Bill reasonably Attainable from the Points of View of (a) Administration? (b) Economy?*

(a) *Administration*. — In the memorandum on "Dual Authority," accompanying the report of your Select Committee,

are set forth certain reasons why the Lunacy Commission should be the Central Authority, and in the discussion which is to follow, other reasons will be given to show why the setting up of any other authority would be inadvisable. So far as the present Lunacy Commission itself is concerned, it would need to be considerably extended. In the report of your Select Committee you will see that the Committee are strongly of opinion that *the Board of Control, whether in the Secretary of State's or other Government Department, should have as its first members the present Lunacy Commissioners*, and they suggest alterations in the Bill in accordance with this view.

Whether the Lunacy Commission is to be under the Lord Chancellor or the Home Office is a matter for others to determine. We who have for so long worked under the Lord Chancellor cannot but express our feelings of appreciation and allegiance, and in the event of transference to the authority of the Home Office we trust that the peculiarly private nature of the circumstances with which the Lunacy Commission has to deal will remain just as private and as well safeguarded against public curiosity as at present, and we trust also that even the participation in relief out of the public funds will not render the Commission less independent or through the medium of any Minister of State more subject to needless questioning concerning matters which good taste demands should be private and confidential.

So far as the Masters in Lunacy and the Lord Chancellor's visitors are concerned, whether they become incorporated with the Lunacy Commission or not, there are many reasons why they should still maintain independence.

(b) *Economy*.—Mr. McKenna clearly indicated the hopes of the Government with regard to Clause 43, in which in order to start the local authorities' work it was proposed there should be a payment from the Exchequer of £150,000 a year.

In view of the fact, however, that the Royal Commission estimated that 66,509 defectives were in urgent need of provision being made for their care and protection the Government Grant of 7s. per head per week would be insufficient to meet the needs of the case, even for the most necessitous cases. It is quite evident, as pointed out by Mr. McKenna, that there would be economies in respect of people taken out of the work-houses, lunatic asylums and prisons, and, we may add, it was

not anticipated that necessity would arise for an extension of the benefits to defectives already provided for in the voluntary institutions for idiots and imbeciles. It is evident also that to a considerable extent the feeble-minded homes would be self-supporting. In this respect Mr. McKenna was quite frank, and stated that he was not without hope that *while the grant of £150,000 would not cover the whole ground, it would be sufficient to enable the local authorities to make a substantial start in the work which lay before them.*

Undoubtedly there will be much difficulty, and possibly friction between the various authorities and institutions, as to which defectives ought to have precedence in claim, and it is difficult to estimate what number of defectives will be discarded from various institutions as being defectives subject to the provisions of the Act. One danger to be apprehended is that there may be a tendency to transfer so many cases from existing institutions that there may be no funds left for the care and protection of even more necessitous cases, which must, therefore, remain unprotected, totally unprovided for, and consequently continue to be a source of danger to themselves and to the community.

SELECT COMMITTEE OF THE PARLIAMENTARY COMMITTEE OF THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

W. R. Dawson, H.M. Inspector of Lunatic Asylums, Ireland; Ex-President Medico-Psychological Association.

J. G. Soutar, Medical Superintendent, Barnwood House; President Medico-Psychological Association.

Theo. B. Hyslop, late Senior Physician, Bethlem Royal Hospital (Chairman).

Harry Corner, Consulting Physician to the National Association for the Feeble-Minded.

G. E. Shuttleworth, late Medical Superintendent, Royal Albert Asylum.

R. L. Langdon Down, Consulting Physician to National Association for the Feeble-Minded.

F. W. Turner, Assistant Superintendent, Royal Eastern Counties Institution.

H. Hayes Newington, past President, Medico-Psychological Association.

J. Carswell, Certifying Physician in Lunacy, Parish of Glasgow.

H. Wolseley-Lewis, Superintendent of the Barming Heath Asylum, Kent.

Bedford Pierce, Medical Superintendent, The Retreat, York.

REPORT OF THE SELECT COMMITTEE TO THE ANNUAL MEETING APPOINTED TO CONSIDER THE MENTAL DEFICIENCY BILL.

June 16th, 1912.

Your Committee has held three meetings, and has carefully considered the Bill clause by clause and has to report as follows:

The kernel of the whole Bill lies in Clause 17, defining the persons subject to

be dealt with by the Bill, and it must be borne in mind that such persons must come under both sections (1) and (2). On examination it will be seen that the subsections (a) to (f) and (a) to (e) are so framed as to include a very wide range of mental defectives, embracing habitual criminals, inebriates, the uneducable, the unemployable, the subjects of drug habits, and persons unfit to procreate. While agreeing with the inclusion of such persons in the Bill from a general standpoint, your Committee feel that the subclauses are too vaguely worded, and that further definitions are needed, particularly in regard to section (1) (e), dealing with those who are to be deprived of the opportunity of procreating children.

Your Committee are also strongly of opinion that the Board of Control, whether in the Secretary of State's or other Government department, should have as its first members the present Lunacy Commissioners, and have altered the Bill in accordance with this view.

Your Committee recommend that the following alterations be made:

Clause 2 (1): Delete from "any" (line 23) to "recommendation" (line 25) and substitute "a Board of Control and the first members of such Board shall be the persons who at the commencement of this Act are the Commissioners in Lunacy together with persons (one of them being a woman) to be appointed by the Secretary of State who may." Line 1, page 2: Delete "Provided that one" to "woman." (5), line 15: Delete "not exceeding three."

Clause 5 (d), line 16: Add "or (with a view to their discharge) if the necessity for their remaining subject to this Act has ceased."

Clause 12, line 20: After "the" add "Commissioners and approved by the." (a), line 23: After "Act" add "and direct the discharge of such persons as are no longer proper subjects under this Act." (c), line 29: After "defectives" add "who are subject to be dealt with under this Act." (i), line 40: "A" instead of "the."

Clause 18, line 10: For "a defective within the meaning of this Act" read "subject to be dealt with under this Act."

Clause 20 (5), line 2 (page 12): After "defective" add "and subject to be dealt with under this Act." (6), line 8: For "may" read "in the absence of a medical certificate shall."

Clause 24, line 17: Add after "Act," "but no such steps shall be taken until the parent or guardian has had opportunity of making suitable provision for it."

Clause 25. Add another subsection thus: "(5). Provided nothing in this Act shall prevent persons under twenty-one years of age being received into a certified house or institution on a medical certificate that he requires special care and treatment in such a house or institution."

Clause 27 (2), line 33: After "defectives" add "or other place of safety." (3), line 1 (page 16): After "defectives" add "or other place of safety."

Clause 29 (2), line 31: For "shall" read "may." (3), line 36: For "ought to" read "can." (3), line 38: For "shall" read "may."

Clause 38. line 6: After "The" add "Commissioners with the approval of." (c), line 10: Delete "and treatment."

Clause 42, line 11: After "defectives" add "if maintained out of public funds."

Clause 47 (1), line 5: After "persons" add "over sixteen years of age." (1), line 6: After "being defectives" add "subject to be dealt with under this Act." (2), line 11: After "person" add "over sixteen years of age." (2), line 12: After "defective" add "subject to be dealt with under this Act."

THEO B. HYSLOP (*Chairman*).

H. WOLSELEY-LEWIS (*Secretary*).

APPENDIX TO FOREGOING REPORT, JUNE, 1912.

Memorandum.—Inquiry and Visitation under the Mental Deficiency Bill.

It is recognised that the prime objects of the Bill may call for extension of power to inquire and visit, beyond that which is given under the Lunacy Acts. It is the purpose of this memorandum to point out where such extended power is given.

Generally speaking the Lunacy Act provides for inquiry into the condition of a

person who is not under official observation, but is presumed or alleged to be insane under—

Sec. 13.—Constables, relieving officers, overseers, who have knowledge that any person, not a pauper, and not wandering at large, is deemed to be a lunatic and not under proper control and care, or is cruelly treated or neglected by a relative or other person, shall set the law in motion by informing a justice.

Sec. 14.—A medical officer of a union, who has knowledge that a pauper ought to be sent to an asylum, shall set the law in motion by giving notice to a relieving officer.

Sec. 17.—Any justice to whom such a case is reported may visit the alleged lunatic at the house of the latter.

Sec. 22.—In such cases a relative may take charge of the patient, if the justice is satisfied that proper care will be taken of him.

Sec. 205.—The Lord Chancellor or Secretary of State may at any time issue an order for the examination of a lunatic or alleged lunatic.

Sec. 206.—If it comes to the knowledge of the Commissioners that any person appears to be, without an order and certificates, detained or treated as a lunatic or alleged lunatic by any person receiving no payment for the charge in any establishment, not being an institution for lunatics, they may inquire and visit with a view to further action.

The Idiots Act has no provision of the kind.

It will thus be seen that visitation of persons of unsound mind who are outside official supervision is very carefully guarded, and that in no case can such a visitation be carried out by a subordinate without explicit authority.

Before inquiring into the procedure in cases of mere deficiency of mind it will be essential to note the relations of the term "defective."

Clause 1 (1) of the Act limits its meaning to mental defectives.

Clause 17 (2) describes the general interpretation put on the term for the purposes of the Act; such defectives are herein termed defectives-general.

Clause 17 (1) describes the defectives who, alone, are to be subject to be dealt with under the Act; and are herein termed defectives-subject.

The class of defectives-general is very large, and practically purports to include all persons whose mind is affected, except those who are actually insane, and fit for treatment under the Lunacy Acts, the supervision of whom is left in the hands of existing lunacy authorities—clause 1 (2).

At first sight the division of authority seems to be clear and complete, but it is not so, for while clause 1 (2) preserves lunacy authority over imbeciles and idiots, clause 17 (2) brings them under the Deficiency Act, if they fulfil any of the conditions of clause 17 (1). Further, under the Lunacy Act "lunatic" means an idiot or person of unsound mind. It has been held in a Court of Appeal (*Rex v. Shaw*) that imbecility arising from the decay of the faculties through old age or intemperance constitutes unsoundness of mind. Thus (e) of clause 17 (2) as well as (a) and (b) of the same clause are subject to the Commissioners' authority if brought under the Lunacy Acts, and will also be subject to the new authority if they fulfil the conditions of 17 (1).

The duality of authority, thus made possible, will be again mentioned in a further memorandum on "Overlapping," but, for the present purpose, it is pointed out that certain classes are now brought under arrangements for inquiries, etc., to which they were not subject under the Lunacy Acts.

The following are the provisions of the Mental Deficiency Bill bearing on the question:

Clause 5.—The power and duties of the Commissioners (Mental Deficiency).

(a) Exercise general supervision, protection and control over *defectives* (i.e., defectives-general).

(d) Visit either personally, or by their inspectors, defectives in institutions or (with a view to their certification) elsewhere.

Clause 12.—General duties of local authorities:

(a) To ascertain what persons within their area are defectives and are subject to be dealt with under this Act.

(c) To keep registers of defectives (i.e., defectives-general).

(e) To appoint or employ sufficient officers and other persons to assist them in the performance of their duties under this Act.

Clause 12. Provision (ii).—This removes certain defectives from the operation of the Act, but thereby appears to confirm power over all not so excepted, including those of clause 17 (2) who do not fall under 17 (1).

Clause 13 (1) throws on the Education Authority of an area the fresh duty of—

(a) Ascertaining what persons within their area are defective children within the meaning of the Act.

(b) Ascertaining which of such children are educable.

(c) Notifying to the local authority under this Act the names and addresses of defective children who are ascertained to be not educable, etc.

Clause 18.—Overseers, relieving officers, district medical officers of poor-law unions, medical officers of health, and constables who have reason to believe that any person is a defective within the meaning of the Act, shall notify the case to the local authority.

It appears that, if it is intended to adhere strictly to the interpretation of defective-general as against defective-subject, the former and their relatives are exposed to considerable prejudice, in the matter of visitation for making inquiries, and by registration. With regard to elementary school children not much harm may be done by inquiring, as the Education Authorities have already considerable power in this direction under their own Act. But the registration of their names and the publicity entailed may be of serious consequence. With children of school age it seems only fair that the effect of special training should be awaited before the stigma of permanent defectiveness is affixed to them, and this consideration should apply equally to children of the better social grade and to those of the elementary school class as bearing on their future prospects. An instance was given to the Committee of a girl of the former class who in early years was an apparent defective, but later on completely emerged from this condition as the result of suitable education, and is now training successfully as a hospital nurse. The fact of registration in her earlier years would have been fatal to her success, and in applying for a post she would have been always liable to have the registration as a defective thrown in her teeth. With adults great harm could arise. A young lady, æt. 20, in the midst of surroundings the most suitable for care and watching, if defective would, under clause 17 (1) (e), be subject to the Act and exposed to registration and inquiry.

It is suggested that careful attention should be given to the provisions which deal with defectives-general and defectives-subject. These are:

Defectives-general: Clause 5 (a), (d); clause 12 (a) by implication, (c), (e) indirectly; clause 18; clause 13 (a) by implication (children only).

In regard to clause 18 it may be that the definition "within the meaning of the Act" is a mistake for "subject to be dealt with." The former interpretation leads to needless interference.

Defectives-subject: Clause 5 (d), (e); clause 12 (a), (b); clause 13 (c).

Dual Authority.

Clause 1 (1) of the Mental Defectives Bill preserves all the powers of the Lunacy Commission and of the Lord Chancellor. Both of these bodies have authority over certain patients, including idiots and several of the classes of mental deficiency defined in 17 (2). The present Bill aims, no doubt, at some division of authority, but while the Lunacy Acts are unrepealed responsibility for the above-mentioned defectives must remain on the Lunacy Commission. It has been held in a Court of Appeal (*Reg. v. Shaw*) that imbecility arising from decay of the faculties through old age or intemperance constitutes unsoundness of mind. Therefore any person thus becoming defective is on the responsibility of the Lunacy Commission. The old age defectives form a considerable portion of the subjects of the present Bill. As soon as such are declared by the action of the Bill they will fall under the dual authority.

The Lunacy Commission are appointed by, are under the control of, and report to, the Lord Chancellor, while under the Bill the Secretary of State is the chief executive officer in the matter of defectives. Thus in the highest quarters there will be dual authority.

At present no fresh licences can be granted under the Lunacy Acts, while under the Bill such can be granted for defectives. As the division of defectives is a

matter of great difficulty, there is likely to be considerable friction and jealousy on the granting or not of licences, and undoubtedly there will be opportunity of evasion of the present law, unless proper co-ordinated authority is at once instituted.

The relations between the educational authorities and the new authority, set up by clause 13, will possibly lead to trouble as to authority in border-line cases.

A very serious financial difficulty may arise thus:

Under the Lunacy Acts the capital expenditure in respect of defectives in asylums falls on the local authority, the maintenance falling on the Poor Law authorities, who receive the State grant of 4s. per week *per caput*, to meet the expense. Under the Bill both capital and maintenance charges fall on the local authority alone, who will receive a State grant of 7s. per week.

The 4s. grant was originally given to furnish some inducement to the guardians to send their acute cases to the asylum, instead of retaining them in workhouses, and thus depriving them of the treatment urgently needed. The effect of this inducement was marked, leading to the sending to the asylum not only of the acute cases, but also of the chronic defectives who gave the least trouble. This has led to the blocking up of the expensive asylum with persons for whom cheaper accommodation is now so urgently demanded. Whether or not the local authority, under the Bill, receives an adequate grant from the State, the same question of relative expense will always be in the mind of those on whom rests the responsibility of placing defectives. Will it be cheaper to send one to the asylum and obtain for him the grant of 4s., or place him under the Bill, and pay only the balance of cost demanded of the ratepayers by the local authority? This amount will necessarily depend on the total cost to the local authority. Thus the location (and treatment) of the defective will be determined chiefly by finance and not by mental classification. In effect, if the authorities under the Lunacy Acts and those under the Bill are kept distinct, there will be constant friction on this head. If, however, they are combined, the question of location, being highly technical, can only be properly treated by the lunacy side of the central authority. This, among other facts, points to the present knowledge of the Lunacy Commission being utilised at once, and to that body being the predominant authority.

The greatest amount, available, of experience and special knowledge will be needed for the present setting up of a practice suitable for the purposes of the Act, when it becomes law, and as much experience is called for in tactfully securing due observance, in the future, of regulations made for those purposes. It cannot be too strongly urged that Mental Deficiency, such as is now thought to be brought under control, shades off, on one hand, into lunacy, with all its very special interests and requirements, and, on the other hand, into insignificant fatuousness. To set up and maintain anything like a satisfactory dividing line between these three conditions it is necessary to retain, as paramount, the services of those whose business it has been to guard jealously the boundaries set by existing legislation in regard to mental failure. This necessity is all the greater in view of a fresh departure which may introduce fresh interests and may lead, if not strictly guarded, to grave interference with liberty of the person and with the rights of those whose natural duty it is to care for afflicted relatives. The whole subject needs to be dealt with by a strong, independent and experienced authority, and with the least possible chance of friction.

DISCUSSION,

At the Annual Meeting held on July 12th, 1912, at Gloucester.

Dr. HYSLOP said that he had confined himself to general principles, because amendments could be brought up in the Committee stage. He felt sure that a large section of the community were looking to them that day for some authoritative statement with regard to these principles. He ventured to

suggest that the discussion would be more fruitful if it proceeded on these lines than if the speakers entered into details, which could be better dealt with at a later stage.

The PRESIDENT said the Association had before it to-day probably the most important subject which could claim its attention. It had been gradually coming to the front, and members of the Association recognised fully that they must join in the general endeavour to do something on the matter to improve public health and take their part in aiding the prevention of disease. The Association had just learned from Dr. Hyslop the result of his most careful study of this difficult subject. It had been put in such a way that the most important principles had been raised for discussion. There were present on this occasion some who were not members of the profession, but who were deeply interested in the question of dealing with the defectives. And it was not only of interest, but a great advantage that this subject should be considered not only from the point of view of what was scientifically desirable, but of what was practically attainable. He hoped that ladies and gentlemen present who had had to deal with cases of this sort would take part in this discussion, and so help the meeting to get a grip of the principles which the Association could definitely recommend as the lines upon which a Bill of this kind should be drawn.

Dr. SPENCE said that Dr. Hyslop had stated very clearly the attitude of the Association regarding the proposed legislation on this subject. Their Parliamentary Committee had decided to go as far as possible, and as strongly as possible, for an alteration of that clause in the Bill which had reference to the formation of a new Board of Control, and that the paragraphs dealing with procreation and with a further definition of mental defectives should be incorporated in the Bill. There was one point which Dr. Hyslop did not mention, namely, that in forming a new Board of Control it was felt strongly by the Parliamentary Committee that the expression used in the Bill was a little too wide. It might mean that none but laymen should be appointed to that Board, and the Association felt strongly that at least a fair proportion of medical men, with special qualifications on the subject, should be added to that Board. It only remained for him to thank Dr. Hyslop for the trouble he had taken in going into this matter, and in taking

the chair at a special meeting whose object was to inquire into it. The Parliamentary Committee has asked that Sub-Committee to continue its work and keep the matter alive until such time as it could be seen whether the measure was likely to go through Parliament this Session.

Dr. HYSLOP said it would be convenient to answer now the point raised by Dr. Spence. With regard to the Board of Control including medical men, that was one of the definite recommendations agreed upon by very many, and would come forward at the Committee stage.

Dr. SHUTTLEWORTH said that though he rose in obedience to the President's signal he did not feel competent that hot morning to add any remarks worth listening to on the most excellent paper which Dr. Hyslop had read. The reader had asked speakers to confine their remarks to principles, and he agreed with what Dr. Spence said, that the general principles laid down by Dr. Hyslop were such as members present could not fail to accept. In the notes which he, Dr. Shuttleworth, had prepared, attention was directed so much to historical detail that he hesitated to bring them forward on this occasion. But he might be permitted to occupy two or three minutes in going a little way from the subject prescribed for him. There were two points on which, in his professional life, he could be said to have had some special experience, namely, with regard to the education and training of mentally deficient children, and also with regard to the relation of the so-called idiot asylums to the general scope of dealing with mentally defective persons. First of all, with regard to the children. What struck him about the definitions of imbecile and of feeble-minded defectives in the Bill, and, indeed, about the definition of the latter class which had been suggested as an improved substitute, was the practical difficulty of applying definitions resting upon capability of earning a living to the case of quite young children. In many cases it was impossible at an early age, and before the effect of appropriate training had been tried, to prognosticate with accuracy the degree of improvement eventually attainable. Provision had, indeed, been made in Clause 12 of the Bill to defer the branding, as permanently defective, of children of the elementary school class until the result of training in the special schools established under the Act of 1899 had been ascertained. These would have a period

of probation up to sixteen years of age, but apparently children of a higher social grade, taught at home or at special schools run for private profit (which could not be recognised under the existing rules of the Board of Education), had not a similar privilege. As one engaged in consulting practice with regard to the latter as well as the former class, he thought it would be a hardship to have to label prematurely in statutory form a child who had not had the benefit of appropriate training. There were many cases in which a definite diagnosis of ineradicable mental defect should be deferred until the effect of suitable care and instruction had been adequately tested. Well-marked cases of primary amentia were, of course, sufficiently obvious to justify immediate certification; but even in these it was not always expedient to definitely pronounce them hopelessly defective, as to do so was apt to discourage parents from giving their children the benefit of such training as would improve them as far as might be possible. In other cases of apparent defect in quite young children, unfitting them for ordinary education, the effect of special methods should be tried before labelling them as mentally defective. Too great stringency in the requirement of certification in legal form would be prejudicial to the best interests of such children, as parents were naturally highly sensitive as to the imputation of mental defect in their offspring; and to give them the benefit of the doubt the Select Committee had proposed a new sub-section to Clause 25, authorising reception into a certified house or institution on a medical certificate that the case required such special care, without using the designation of "mentally defective." Indiscriminate or premature labelling was to be deprecated in doubtful cases as the stigma would be most detrimental to future prospects. Some judicious observations on this subject will be found in the Select Committee's memorandum *à propos* of Clause 18 of the Bill. Reference is there made to the case of a girl who, though in early life presenting signs of mental abnormality, completely emerged from that condition under suitable care and was now successfully training as a hospital nurse. Instances might also be cited of children who had suffered at an early age from depressing infantile illnesses or severe convulsions, in whom for a time there were signs of mental impairment, but who had subsequently proved fit for

education and had attained an honourable position in after life. One such case within his knowledge, deemed hopeless up to eight years of age even by his mother, now occupies a post in H.M. Civil Service. It would be iniquitous if by too stringent an application of the notification provisions of the Bill useful careers should be rendered impossible for such. He trusted, however, that the administration of the large inquisitorial powers proposed to be conferred on local authorities would be exercised with discretion and with as little offence as possible. There was another subject which he wished to refer to, namely, the relation of the idiot institutions to the care of mental defectives generally, and more particularly their claim to recognition in connection with the feeble-minded under this Act. He did not wish to go back too far into ancient history, but he thought it only due to the comprehensive character of their useful work to point out that though established as "asylums for idiots," that designation was much more inclusive fifty years ago than as commonly accepted to-day. The term "idiot" was then held to embrace all classes of mental defect. We find recorded in Seguin's great work on the training of idiots, published in 1846, numerous cases of "superficial idiocy," which were, no doubt, equivalent to the "feeble-minded" class as recognised at the present time. And there was evidence that although the institutions at Earlswood, Colchester, Knowle, Stanross, and the Royal Albert Asylum, Lancaster, were originally entitled "Asylums for Idiots," they had, from the first, received patients who nowadays would be called feeble-minded, and would consequently be dealt with by this Bill. The objects of these institutions, as set forth in their published constitutions, were "not merely to take the idiot under their care, but especially by the skilful and earnest application of the best means in his education to prepare him, as far as possible, for the duties and engagements of life." So it was evident that the founders of these institutions contemplated dealing not simply with the lower grades of mental defect, but with cases which could be taught remunerative occupations. Thus at Earlswood one found that in its early days good specimens of joinery and carpentry were accomplished, and several of the trained inmates were retained as paid servants of the Institution. In the first report of the Eastern Counties Asylum at Colchester, Dr. Martin Duncan, F.R.S.; Medical

Officer, clearly divided the cases dealt with in that Institution into the three classes of "simpletons, imbeciles, and idiots," and stated: "The first are those feeble-minded who have not been able to receive instruction in the ordinary manner, who do not possess the experience in life peculiar to their age in their social position, and who are said to be dolts, stupid, and fools by the uncharitable. They have nearly all the faculties to a certain degree, but indicate their alliance to the true idiot by their physiological deficiencies and general inertia of mind. They are to be distinguished from the backward and ill-taught." That was written more than fifty years ago, and it showed that, even at that date, there was a fairly clear conception of the class which now-a-days had been separated out and designated feeble-minded. For if one compared this description and definition of the feeble-minded with that given in clause 17 of the Bill, it would be seen that the founder of these institutions intended to provide not merely for idiots, but also for the milder forms of mental defect, though they had to certify all those admitted as idiots or persons of unsound mind. These statutory requirements were found seriously to militate against the admission of more improvable cases, owing to the natural repugnance of parents to have their children, however young and promising, formally certified in these terms under the lunacy law. In 1884 the authorities of the Royal Albert Asylum drew up a statement, subsequently joined in by those of the other institutions, setting forth the inappropriateness of the lunacy forms for such cases, and suggesting a simple certificate to the effect that the proposed patient was "of deficient intellect, and a proper person to be received into an institution for the care and training of the *weak-minded*." These suggestions were pressed upon the attention of the Lord Chancellor and the Lunacy Commissioners, and in 1886, mainly through the exertions of the late Sir John T. Hibbert, the "Idiots Act" was passed, in which for the first time the term "imbecile," in lieu of the terms proposed above, received legislative sanction. The Act bore an unfortunate title, inasmuch as its main object was to enable these institutions to receive a higher class of imbeciles, such as are now designated "feeble-minded." It had, indeed, been estimated that at least 20 *per cent.* of the patients in those institutions were of the feeble-minded class. Consequently the institutions naturally thought they had a

claim for such financial aid as was afforded under the present Bill towards the care and training of feeble-minded cases. Dr. Hyslop had pointed out the difficulties there might be in administration and differential classification, but surely those difficulties would be diminished if the Lunacy Commissioners were the sole supervising authority under the new Act. He could add that the institutions of which he was speaking had no desire to depart from the supervision and control of the Lunacy Commissioners, and he agreed that it would not do to have a dual control. He would not elaborate this matter further, as he knew there was among them a representative of one of the institutions concerned, who would perhaps supplement what he had himself said, and supply omissions.

Dr. LANGDON DOWN said he agreed that it was difficult to separate details from the principle in the discussion, because, as far as principles were concerned, members had been fairly agreed for some years past. The details could be put into some sort of grouping, and then some understanding could be come to concerning them. The main groups, as they occurred to him, were, first of all, the authority to control, and that was a very important detail, so much so that it almost became a general principle. The second was the question of the definition clause and the fears of the public, and the third was the linking up of this Act with those dealing with children—educational and otherwise. He would discuss first the second of the topics he had mentioned, because the first had already been dealt with somewhat fully by Dr. Hyslop. For the comfort of those who were in fear about this Act, he would point out that the provision as regards a magistrate's order was much more strictly safeguarded than was the case with the Idiots Act, and, he believed, more safeguarded than in the Lunacy Act, because it seemed to him that the procedure foreshadowed was a sort of judicial inquiry, with witnesses examined by a magistrate in a formal way in every case. So far there was nothing in the Bill which stated that a certificate was to be supported by evidence in writing. It was quite clear, to his mind, either that the certificate would have to be supported by detailed evidence in writing giving the grounds on which the person who signed the certificate held the view that the person was defective, and so ought to be dealt with by the Act, or else, when the case came before the magistrate, he would require evidence

to be called and presented to him orally. He suggested that it would be desirable, when the schedule came out giving the forms of certificate, that it should contain a requirement that the doctor should state the grounds on which he formed the opinion (1) that the person was defective, and (2) to which class he belonged. And, further, he should say why he was regarded as a person subject to be dealt with under the Act, and give the reasons on which he formed such a conclusion, not necessarily on the facts observed by himself at the time of the examination, but facts supplied to him by witnesses whom he could, if necessary, produce. He said that to show how the public could take comfort from that aspect of the matter. Then, with regard to the matter which, he understood, was raising the most feeling in Parliamentary quarters, *i.e.*, the terms of definition of "feeble-minded," particularly the paragraph which dealt with the inability of the person to compete with his normal fellows on equal terms, that, he agreed, should be modified in some such terms as Dr. Hyslop had already read out to the meeting. He pointed out that the expression "independent existence" was already assigned to a particular stage of life, which was rather different from what was here meant. Then came the very serious questions involved in the "procreation clause," and suggestions were put forward as to ways of meeting those, the principle being this: that what the State wanted to do primarily was to prevent the procreation of persons who would be a burden to the State. The Government was primarily interested in it from the financial point of view, not so much from the eugenic standpoint as members of that Association were. So if they agreed to neglect those persons who might procreate, but did not thereby—either themselves or their offspring—become a burden on the State, they could trust to the private individuals on whom such persons became a burden to exercise control in their own self-defence. And the clause they suggested was this, to take the place of that in the Bill: "Persons who are found in, or frequently resorting to workhouses, infirmaries or other Poor-law institutions," and he suggested adding also, "or are unable to maintain their offspring without external aid, or women pregnant therein, in whose case it is desirable, in the interests of their prospective offspring and the general community, that they should be deprived of the opportunity of procreating children." This gave the grounds

on which persons were to be deprived of the opportunity of procreating children, which were not to be vague biological grounds, but definite social grounds. And he thought it would be a very good addition if they could have also a kind of omnibus clause so as to include persons who needed to be dealt with under the Bill, but who did not come in under the subjecting clause. That he borrowed from the little Bill which preceded the Government Bill, the "Feeble-minded Control Bill," *viz.*, "Persons who are in need of further care and control, and are a source of injury and mischief to themselves and others." The difficulty was that there might be persons who were defectives in accordance with the definition given in clause 17 (2), but who yet had not done any such unsocial thing as to bring them under one of the classes in sub-clause 1. For example, many mentally infirm persons, many idiots and mild imbeciles needed further control and care in their own interests, but possibly they had not done anything which brought them within the categories in the first part of clause 17. For that reason his opinion was that an omnibus clause was required, one which would not be open to the objection which could be made to the "procreation" paragraph. Those who had listened to Dr. Hyslop's opening would recognise the words now suggested as having been taken from the report of the Royal Commission in describing these feeble-minded persons. It was true that clause 25 of the Bill had to be read in conjunction with clause 17. Clause 25 provided for a certain number of persons who were defective, but were not subject to be dealt with in accordance with the first part of clause 17. But it only applied to those persons if they were taken charge of under twenty-one years of age. That small addition would extend the powers under the Act to embrace those persons who had passed the age of twenty-one. So much for the objections of the public, and the way to extend the definition to cover the cases which, in their opinion, they might think it desirable should be covered. With regard to the question of children, that had already been dealt with very fully by Dr. Shuttleworth, and so he would be brief. In the Bill there was no provision for dealing with children in the elementary schools who were feeble-minded and were not susceptible of education there. From the nature of the definition, which was based upon the question whether they

could earn their living or not, and also from the fact that it was yet early days in which to lay down a final diagnosis as to mental deficiency, the Bill did not touch those cases. The 1899 Act, which dealt with children of this kind in schools, was a permissive Act, and had not been at all extensively adopted, no doubt partly because there was no prospect of further treatment which would carry on the work that might be begun under that Act. Therefore it was felt to be possibly wasteful to adopt an Act which did not carry things beyond the age of sixteen. This present Bill did provide something for the future of such children as were dealt with under the provisions of the 1899 Act. No doubt it would, even voluntarily, be more and more adopted. But the question he wished to raise was whether it was not time that that Act should be made compulsory at the time that this Bill would be brought into force, because they would have here much greater facilities for dealing with the difficulties under that Act. It was clear that in scattered districts it was difficult to deal with children in special classes; it would be impossible, or very difficult to form a special class big enough and within reasonable reach of the children who would have to attend. Therefore the Act provided in such cases that residential treatment and education should be given. The Bill now being discussed opened the door to the possibility of organising residential treatment of that kind. With regard to children, he had only to add that the children under sixteen in public elementary schools were not labelled as defectives by this Bill, and yet children of the well-to-do would have to be so labelled if they were to gain advantage from the Bill before they were sixteen years of age. With regard to the authority, he would be very brief, but he had been asked to state a few grounds which appeared to him to point to the existing authority as the best one for working this Act. The main one was that scientifically all defectives formed a natural group, and that was the essential ground on which they, as medical men, were averse to seeing an unnatural division made in the civil arrangements for dealing with a natural group. The Commissioners already dealt with many persons who came within the definitions of this Act—mentally infirm, idiots, imbeciles, feeble-minded patients were already in numbers in some of the voluntary institutions which had been spoken of, and moral imbeciles occasionally. The main essence of

this Act was the power to detain, and the only body we had in this country who were experts in exercising powers of detention, other than penal powers of detention, were the Commissioners in Lunacy; whereas the Home Office was associated with penal detention, and there should be no question of detention of the feeble-minded being of that type. It was very dangerous that the prison idea of detention should get about in regard to these feeble-minded cases. Moreover, experience with regard to buildings and plans and a great stock of information had grown up around the Lunacy Commissioners; they had their own architect and staff, and if a new department were started, additional expenses would be incurred, whereas the experiences of the existing body would enable them to adjudicate upon matters likely to arise and assess them at their proper value. Then there would be the difficulty connected with working two Acts where there were penal clauses dealing with the same persons. How could they be sure that the interpretation placed upon "mentally infirm," or "imbecile" would be the same by the Commissioners in Lunacy and the Commissioners appointed under the proposed Act? Because, after all, define as they would, the real test was the application of the definition. Here were the Lunacy Commissioners forbidding the receiving of any defective person who was mentally infirm or imbecile, and this Bill provided for it to be within the power of anyone to receive two such persons without certificate; therefore there would be an incompatibility between the old Act and the new. On those grounds he submitted that the Association should press very strongly for the Lunacy Commissioners to be regarded as the authority on which this work was to be built up, and to be pusillanimous for fear of wrecking the Bill at this stage would be bad policy. If the Association did not show themselves to be strong they would not get their way. There was a body of opinion pushing the Government on and saying this legislation must go through. They, the members of the Association, wanted it to go through on the right lines, and he thought that at the present moment they might go boldly ahead. He understood that the question of the authority was to be left to be fought out on the floor of the House of Commons, but that House would not decide in accordance with their view unless they expressed it strongly.

Dr. DOUGLAS TURNER (Royal Eastern Counties Institution)

desired to thank Dr. Hyslop for his opening paper. He wished also to express publicly his indebtedness to that gentleman for his kindness to those institutions for the feeble-minded to which he, Dr. Turner, was attached, and of which he was the only representative present. There was a reference to the uneducable and those subject to drug habits at the beginning of the report of the Select Committee of the Association, but it was his opinion that the Bill did not include the uneducable. Under Clause 13 they were excluded from the Bill. The school authorities, for instance, turned them out of schools, and they had the power to hand their names over to the new local authority, and the local authority had no power to deal with them. With regard to the subjects of drug habits, surely that came into the Inebriates Bill, not into this Bill at all. What he wished principally to refer to was the way in which the Bill affected the institutions such as he represented, *i.e.*, the charitable institutions registered under the Idiots Act in this country for the care of cases of congenital mental deficiency. Those institutions had been taking cases of every grade, from the idiot to the highest type of feeble-minded. Dr. Hyslop raised the point that certain objections might be taken to feeble-minded cases under this Bill coming into those institutions, because they would be contaminated by their association with idiots. But he thought Dr. Shuttleworth had very well answered that point. Those institutions had always taken those cases of feeble mind, right away from the foundation of the institutions; therefore to say that feeble-minded cases should not come into those institutions was begging the whole question. Where the Bill would hit such places was that it would take away from them these high-grade cases. The Bill would bear hardly on these institutions in the matter of the definitions. He took it that no one would attempt to defend these definitions as such, except on the ground that working definitions of some kind were necessary. The chief objection felt by such as himself was that the terms "imbeciles" and "feeble-minded" were separated into two compartments. It was impossible to do that. That was the opinion not only of himself, but of the medical officers of all their institutions. A week or two ago Sir George Savage said the same thing, namely, that the terms "imbecile" and "feeble-minded" could not be separated by any definition. One often found the education medical officer

turning a child out of a school because he was an imbecile or an idiot, and the poor law medical officer saying the guardians could not do anything for the child because he was feeble-minded. That sort of thing would arise under this Bill, which draws an administrative line between the two classes. Such ideas were bound to result in the taking from the institutions he represented the high-grade subjects of mental defect. The Home Office Commissioners would come round and say these cases were only feeble-minded, that they were not imbeciles at all, and that these institutions were only allowed under the Idiots Act to take imbeciles. By "imbecile" the Commissioner would be meaning that which agreed with the wording of the new Bill, a meaning which had never hitherto been attached to the term, and one quite different from that meant when the term was first legalised in 1886. It was a mistaken notion that institutions such as he represented took only the lower grades of defect. The case-books showed that superior forms of intellectual defect had also been taken for the past sixty-five years. Dr. Shuttleworth had already dealt with the most important statement made by their first medical officer, in which he defined the different grades of defect in a way which, as Dr. Shuttleworth had already said, stood to the present time. Another point about this first report quoted from by Dr. Shuttleworth was that his own institution was described as "a school for the feeble-minded," although at that time it had to be licensed annually at Quarter Sessions as a private asylum, and the patients, even those belonging to the highest grades, had to be certified under the Lunacy Acts. No doubt confusion had arisen in people's minds because since 1886 they had worked under what was known as the Idiots Act. This Act also made legal the term "imbecile," and that name was intended by those who drafted the Act to include the highest type of defect now known generally as feeble-minded. These high-grade cases were constantly, at the present time, certified under that Act as imbeciles. The definitions of the present Government Bill would prevent this in the future by labelling the high-grade cases as feeble-minded. Dr. Shuttleworth helped to draft the Act of 1886, and he believed the term originally used in it was "mental defect," not "imbecile," and if that term had remained he believed there would not have been the trouble which had occurred

since. It had taken twenty-five years for the Government to reach their point of view. He did not see why the institutions such as his should be penalised and have their best cases taken away from them, nor why they should now cease to take the class of case which they had been receiving for sixty years. In connection with these places were extensive schools and training shops, and on the staff were those who were highly skilful in teaching the crafts. There was a likelihood that all that expense would have been thrown away when this measure became operative. That might be remedied by the addition of a few words at the end of clause 1, making it clear that the word "imbecile" shall, for the purpose of that clause, retain its old meaning and include the feeble-minded. Dr. Shuttleworth had referred to the Elementary Education (Defective Children's) Act of 1899. When that was drafted the original term was not "mental defect," but "feeble-minded," and the feeble-minded were defined as those who were not imbecile. That term was dropped, and "defectives" was substituted. It was because the representatives of the imbecile institutions convinced the Government that at that time and for many years previously these feeble-minded cases had been certified as imbeciles under the Idiots Act. Another objection which institutions under the Idiots Act felt they had was one which Dr. Hyslop raised, namely, what seemed to them an unfair discrimination against them as compared with the new institutions which would come into being under the proposed Bill, those which would take the same class of case, and which would be certified under the Bill. He could not see any protection in the Bill as far as the present institutions were concerned, except that if they could still get money out of charitable people they would be allowed to do so, and thus save the taxpayers' pockets by keeping a certain number of defectives. It would scarcely be believed that institutions such as he represented would be excluded from the new Bill altogether and would not be allowed to take patients under it; neither the new local authorities nor the local educational authorities could contract with them, and grants could not be claimed. Dr. Hyslop raised the question of grants, but those institutions were not intending to ask for grants for the patients who were already in the institution, and who had been elected to them either for life or for a certain number of years. They should be

allowed to contract for other patients under the Bill, and they should obtain grants for those cases ; but there was no intention on the part of those institutions to ask for the whole of that £150,000. There was a wish on the part of the institutions he was speaking of to remain under present conditions under the Idiots Act, and the reasons for that seemed sound. First, they took a certain number of uneducable cases ; these did not come under the proposed Bill, and they had to be somewhere, and those institutions were at present caring for them. Another point was, that they were taking a few cases from the Boards of Guardians ; the money they obtained for them helped to keep some of the other cases. It was the Idiots Act which gave permission for those cases to be received. Another point was that they were very anxious to remain under the Lunacy Commissioners. While that was so they knew where they were ; they had great confidence in the fair and just way in which they were supervised, and it was quite certain that those Commissioners understood the institutions and the cases they received. If they were handed over to the brand new authority, which might consist of very eminent men, they did not feel sure that the cases concerned would be fully understood, at least with the same completeness as by the present Lunacy Commissioners. He did not see how an ordinary body of men could have had the experience necessary for that understanding. Moreover, under the Idiots Act they knew what the regulations were, whereas under the new Bill the Secretary of State had the power to make what regulations he pleased. Dr. Hyslop raised the point about the diminution of voluntary contributions if cases were received. That was the reason they wanted to take some of these cases under the Bill, because they were sure they would lose a certain proportion of the subscriptions. If a certain number of these cases were contracted for, it would do something towards making up for the subscription deficit. Another question was, Why should the education authorities have power to contract with these institutions ? One reason was because they often asked the institutions to take their cases now, but they could not because, under the Education Act of 1899, the authority had no power to pay for them in these institutions. A way out of the difficulty would be for these institutions to be certified both under the Idiots Act and the new Bill. But it had been held that if they came under the

Idiots Acts they could not come under any other. Clause 8 of the Idiots Act prevented this. It must therefore be made clear in the Bill that they should be allowed to have cases under both Acts if they desired to. They were not asking for compulsory powers, but for permissive powers, *i.e.*, if the authorities wished to send cases to such institutions as he was speaking of, they should have power to do so. That want could be met by adding something to clause 1. There would be a difficulty about dual control, and that would be best met by putting the whole of the control into the hands of the Lunacy Commissioners. But there were at the present time institutions working under two Acts, and if it had to be, he did not doubt that institutions such as his own would manage to survive. The institutions under the Idiots Act had been saving the pockets of the taxpayers for many years by looking after these very cases which were now under discussion, and he contended that in return for that they were deserving of consideration.

Mr. C. H. DEAVIN (Gloucester Poor Law Guardians) said he fully appreciated the opportunity of being present at this meeting. His interest in the subject arose from the fact that terrible results had ensued from the haphazard treatment of most of the feeble-minded, a class of persons who came before guardians more frequently than before other authorities. He had visited a colony which was established for relieving the feeble-minded and epileptic; and it was thought by his colleagues and himself that this form of treatment was worthy of being followed. He congratulated the Association on what it was doing in support of the measure. He trusted that before long the Bill would have become law, so that the subject could be dealt with. As the last speaker had well remarked, the main point of this Bill was the question of detention. Unless compulsory detention were provided for, the treatment of the feeble-minded did not amount to very much, because the great object was to stop the source of this feeble-mindedness. It seemed that under this Bill that would be brought about. The question had been raised at that meeting as to what should be the authority under the Bill. For his own district the authority would be the Gloucester City Council. At present they, as guardians, did not agree with that; nor was he sure that they agreed with that Association in the view that the authority

should be the Lunacy Commissioners. Still, that was a matter of detail, and he did not doubt that their Poor Law Association would try to safeguard the interests of the guardians in that particular. Probably the vast proportion of those who would come under this Act would be people who would have been a charge on the public rates; therefore he and others thought the guardians should have a considerable say in the matter. Under the Lunacy Act they were responsible for the maintenance of a number of lunatic asylums, and they sometimes felt they had not got sufficient control: under the new Bill it seemed likely that the same would obtain in the case of imbeciles. Experience showed that the subject was being treated on the right lines, but guardians felt they ought to have been consulted on some of the proposed provisions. Yet they hoped that in this present Session of Parliament the Mental Deficiency Bill, with some reasonable alterations, would be passed. He believed the result would be to the benefit of the country generally.

Dr. BOWER said he would first discuss the question of the need for legislation. He did not think there could be any doubt that that need existed, and he found it so in practice. He saw many cases for which he had the greatest difficulty in finding a suitable place, and that applied especially to people of the poorer classes. Institutions existed to which one could send the better classes, but for the poor feeble-minded there was, as yet, no satisfactory provision. Therefore he believed all in the Association were agreed on the first proposition which Dr. Hyslop made as to the real need for this legislation. They were also agreed as to the composition of the Board of Control; namely, that it ought to have as its nucleus the present Lunacy Commissioners. Dr. Langdon Down had given several cogent reasons, and there were others which would appeal to those who understood the subject if it were thought necessary to mention them. He wished to say also that one had certain fears and misgivings, and he hoped there would be plenty of efficient safeguards, especially in connection with the clause dealing with the prevention of procreation; also in the matter of the local authority. He did not speak with prejudice (as he was a member of a County Council) about the work of looking round the county and rounding-up the deficient and labelling them as mental defectives. And it would be a pity, as Dr. Shuttleworth pointed out—and that applied chiefly to children of the better

class, as children of the lower class would go to public schools and would thus be protected—that some of these cases should be labelled as mental defectives early in life, for once the name had been applied it would adhere to them. About eight years ago he was consulted about a young girl who could not be managed at home. He sent her under the care of Dr. Shuttleworth, where she remained a good many years, and she became well enough to enter upon a course of training as a nurse at a general hospital. If she had been labelled feeble-minded earlier in life it would have proved a bar to her entry upon a course of training as a nurse.

Dr. AUDEN (Birmingham) said he would direct his remarks to the relation of the Bill to the local education authority, as there were real difficulties of a practical character in connection with the provisions of the Bill. Under section 13 it was necessary for the local educational authority to carry on, as they had in the past, (1) the work of ascertaining what children in their area were defective within the meaning of this Act; (2) to ascertain which children were educable; and (3)—and this was the point to which he specially wished to direct attention—to notify to the local authority under this Act the names and addresses of defective children who had been ascertained to be not educable, and children discharged from special schools and classes on attaining the age of sixteen. That brought one back to the ever-recurring question of the initial diagnosis which was laid upon school medical officers. It seemed to him that this new Mental Deficiency Bill enhanced their responsibility. Any school medical officer who had had considerable experience in examining mentally defective children would agree with him that the prime reason why the vast majority of these children were presented to the medical officer for examination was the intellectual difficulty. The children were intellectually backward, and therefore the teachers found them unable to profit by the education given in the classes to which they, under the ordinary Education Acts, had been sent. Those children could fairly readily be divided into two main groups. There was first what he believed to be the larger group, those children whose various faculties were still in a larval condition. It was recognised that the faculties of reading and of forming mathematical concepts were genetically distinct; that children did not all increase in

the same respect in these matters in an equal time ; that in some children some faculties might remain in a larval state for a long time. He thought experience in the examination of children who were word-blind, or partially so, was in favour of that premiss. He estimated that 20 *per cent.* of the children presented to him for examination had as their difficulty the learning to read. When he examined them and went into their family history, he found, in quite a considerable number of cases, that the father or the mother were regarded as "no scholars." Many of them during their school life had been unable to read, but had acquired the capacity since. And this was equally true of mathematical concepts. Many of the children were presented for special examination because they had shown they could not perform some simple mathematical calculation, such as a subtraction sum. Most of those who could remember their own school days would admit that there were many problems which proved beyond their powers to carry out, the truth being that the brain was not, at that stage, sufficiently developed to carry out the necessary intellectual procedure ; but those same processes did not now present the same difficulty. It was now his function to deal with large numbers of statistics, and he felt sure that twenty-five years ago he would have been incapable of performing the mental gymnastics which he now did in the performance of his work. Under the 1899 Act these children were supposed to come under the Epileptic and Defective Children's Act ; under the new Act their names must be sent to the new authority when they reached the age of sixteen. For that reason, as he had said, the responsibility of the school medical officer was much increased. Speaking from memory, he would say that in one given year he had only certified as mentally defective 67 *per cent.* of the children presented for examination by the teachers, the remainder he had sent back into the ordinary schools, believing their intellects to be still in this larval or retarded condition, and what were the results ? An investigator told him yesterday that out of 163 only twenty-seven were presented for re-examination as having made no progress, or as showing no improvement in intellectual capabilities. Had he then taken any but a very strict line in refusing to certify those who gave any indication of retardation rather than feeble-mindedness, a good many of these children would under the terms of section

13 have been reported to the new Commission as feeble-minded. What was wanted in our educational curriculum was a term introduced largely on the Continent, particularly in Scandinavia and Germany,¹ namely "feebly gifted." These children whose brains were in a larval condition were "feebly-gifted," but not necessarily "feeble-minded." Another point was that in so many of these children the defect lay not so much in the child, but in the method of teaching and in the regulation of the elementary schools. To take as an example, in the city in which he worked, as soon as a child reached seven years of age it was transferred to the upper school. Some of these children had been ill; others were, mentally, in a larval condition. In consequence they were unable to keep up with their normal fellows, and accordingly within a year of their being sent to the upper school they were reported to him, the speaker, as mental defectives. He was only one of a large number of medical officers to whom that difficulty was presented. It was easy and convenient, especially if there was pressure from the schools and from the committee, to transfer these children to special schools, and thus do them and their parents a serious and lasting injury. The only solution there could be—and that was not under the general terms of the discussion on the present occasion—was what was described in the report discussed on the previous day on the medical inspection of school-children—the provision of some form of observation class before certification. Under the Defective and Epileptic Children's Act, 1899, they could not send a child to a school for defectives without a certificate. He sent them for three weeks or a month, but no grant was received for them, and it was not therefore possible to keep them longer, for any Committee would naturally look askance at the transference of a number of children to special schools without the financial grant in aid that goes with certification. If some proper and prolonged observation were provided before the children were finally certified as mentally defective, then the new Mental Deficiency Bill would render the special schools observation centres of the highest value.

The second great group was those children who exhibited true mental deficiency, both intellectual and moral. The place where he came across feeble-minded children was the police-

(1) *Schwachbegabte*; in Norway *Svaktbegavede* is contrasted with *aandsvake*—"mentally defective."

court. It fell to his lot to examine children sent by the magistrates to the Remand Home, and therefore he came into contact with children who were not "in cognitive relationship with their environment," and who could not conduct themselves or their affairs with ordinary prudence. These are the cases which should be rightfully reported to the authority under the Bill. As he had already said, with regard to word-blind children, parents who confessed that they were illiterate while at school or throughout life had yet shown, by their ability to earn their living, that they were not mentally defective in the ordinary sense of the term. They were able to conduct themselves with ordinary prudence and compete on ordinary terms with their fellows. That they were feebly gifted would be at once conceded, but not necessarily mentally defective. What he would wish to urge on the education authorities was the provision of these intermediate classes, preferably on the Mannheim system, to which reference is made in the report to which he had alluded.

Dr. GILL said he wished to congratulate Dr. Langdon Down on his able speech, in which he pleaded against the divorce of the Lunacy Commissioners from the authority who were to work this new Bill. They all knew that the public were only too glad, if they could, to put their friends in other places than what were unfortunately called asylums. Under this Bill it seemed that people were going to be given so many opportunities of evading the Lunacy Act of 1890, it was most important that the point should be pressed home that the Lunacy Commissioners should be the authority under it. He was strongly convinced that the term "mental deficient" should be very strictly defined so as to include only those "defectives" for whom provision had not yet been made, and he trusted that those gentlemen who were so ably watching the matter would devise and try to get accepted some such definition.

Dr. WOLSELEY LEWIS : The Mental Deficiency Bill proposes to set up an entirely new body under the Home Secretary for dealing with mental defectives, and although clause 62 provides for an amalgamation of this body with the Lunacy Commissioners, it is intended that the working of the Act should commence under the control of this newly formed body. Mr. McKenna, in introducing the second reading of the Bill in the House of Commons (June 10th), foreshadows an amalgamation

of the two bodies, and also gives reasons why the amalgamated body should be in the Home Secretary's department. He further says it would be invidious for a Home Secretary to introduce a Bill to take away from the Lord Chancellor work which is now so admirably done by him. There are, however, strong reasons, in my opinion, why the Lunacy Commissioners, and especially Medical Lunacy Commissioners, should control the working of the Act from its initiation: (1) Anyone who has read the Mental Deficiency Bill will know that there is much overlapping with the Idiots and Lunacy Acts. Indeed, in clause 47 (4) we find: "Nothing in this section shall apply to or affect any person who, under the Lunacy Acts, 1890 and 1911, or the Idiots Act, 1886, receives or detains any person in accordance with those Acts, notwithstanding that the person so received or detained is a defective within the meaning of this Act." This means, of course, that there are persons who come within the meaning of any of the three Acts; and they are not a few! And yet it is proposed to place the carrying out of these Acts in the hands of different central authorities! A large number of persons liable to be dealt with under this Bill are already under cognisance of the Lunacy Commission, and it will lead to inextricable confusion if the Lunacy Commission has not the administration of the Mental Deficiency Act from its initiation. (2) A study of clause 17 (2), setting out what persons are subject to be dealt with under this Act, shows quite clearly that the determination of the proper persons depends primarily on a diagnosis of mental defect. They must be idiots, imbeciles, feeble-minded, moral imbeciles or mentally infirm. The administration and initiation of such an Act requires a special knowledge of these conditions. This knowledge the Lunacy Commission has. (3) Clause 8 intends that the existing Asylums Committees of the County Councils shall also be the committees to deal with defectives under this Act, and it will obviously hamper them in their administration if they are responsible to different Government departments for the two classes of persons for whom they have to provide. It will also lead to unnecessary expenditure, as it will make it difficult to maintain a graduated system of institutions (with every facility of transfer from one to the other), which will, no doubt, be found the most efficient and economical method of dealing with the persons for whom

the County Councils are liable. That such transfer will be necessary is recognised in clause 29, section 4 of which provides that the Secretary of State may, on the joint recommendation of the Commissioners in Lunacy and the Commissioners under this Act, make regulations for carrying this section into effect. Surely a very cumbrous method of working! This may be entirely dispensed with if the Lunacy Commission have the working of the Act from its initiation. It is provided in the Bill that a county council or county borough shall house and maintain defectives under this Act provided they receive a Government grant of 7s. per head per week, while the Lunacy Act throws the onus of maintenance on the Poor-law authorities, and provides a Government grant of 4s. per head per week. It will thus be seen that, for financial reasons, the person to be dealt with will be a shuttlecock between the county council and the guardians, and, with different central authorities in different Government departments there will be no one to see fair play, with the result that the aforesaid person may be lodged in an institution unsuited to his needs. If the Lunacy Commission was the central authority to deal with all cases they could see that justice was done and that both sides played fair, and that the institution to which a person was allocated was selected on account of his mental requirements rather than for financial considerations. (4) Clause 20 (7) provides that the judicial authority under this Act shall be the same as the specially appointed judicial authority under the Lunacy Acts. It is evident that it will be much easier for such authority to be instructed in the particular type of institution to which a person should be sent if the Acts were administered by one and the same central body, namely, the Lunacy Commissioners. (5) Clause 42 provides that the Asylum Officers Superannuation Act, 1909, shall apply with certain modifications to the officers appointed under this Act, and it is obvious that there will arise many cases of difficulty under this clause. These can only equitably be settled by appeal to one central body, which appreciates the workings of both the Acts, namely, the Lunacy Commissioners.

Dr. WILLIAM R. DAWSON said he thought it ought to go out quite clearly that all the criticisms to which the meeting had listened did not mean that the Association was in any way unfriendly to the Bill. It was true that the Bill did not cover

all the ground which it was hoped it would cover in view of the Report of the Commission on the Care and Control of the Feeble-minded; but yet it dealt with a very considerable part of it, and formed a welcome beginning, which might be extended subsequently to include the whole of the classes with which the Royal Commission had been concerned. Therefore it would be a mistake and a pity if anyone should go away with the idea that the Association was unfriendly to the Bill; it was not. Coming to details, he would remind his hearers that already at the May Meeting the Association had passed a resolution affirming the principle that the Lunacy Commission should form the central authority to deal with those who came under the scope of the Bill. With regard to Clause 17 (1) (e), namely, that dealing with the persons who should be deprived of the opportunity of procreating children, and to the definition (17) (2) (c) of feeble-minded persons, he believed that the definitions suggested by Dr. Langdon Down were as good as they were likely to get. It was true that the suggestion with reference to those who should be deprived of the opportunity of procreating children did not cover the whole of the ground, but he considered that it covered 80 *per cent.* of it, and the great point was that it would prevent our workhouses being, as they were now (in the words of Dr. Leeper, who read a paper on the subject before the Association), "State-aided manufactories of lunatics." That was all he proposed to say on the general question. But what he more particularly wanted to urge was the right which they in Ireland possessed of being included in the provisions of this Bill. There could be no question that, if England and Scotland required provision for the feeble-minded people, Ireland required it to a much greater degree. It had been estimated by the Royal Commission on the Feeble-minded that in England 46 *per cent.* of the population were defectives outside asylums, but in Ireland the corresponding figure was 62 *per cent.* And whereas in England 45 *per cent.* of defectives required immediate provision, in Ireland the proportion was 66 *per cent.*, which was due to the fact that only a single institution for imbeciles and idiots existed in that country, and that was a voluntary institution, which could only take about 100 patients. In Ireland they had no special schools nor any other provision for imbeciles and idiots except the asylums, and therefore he did not think anyone could say they did not require such provision and accommo-

dation. The difficulty about extending this Bill to Ireland had been stated to be the imminence of Home Rule legislation. But supposing the Home Rule Bill became law, such a measure as was now under discussion could not engage the activities and the consideration of the Irish Parliament for a great number of years; there were so many other measures, such as Poor-law reform, main drainage, and so forth, which appealed much more to the general public than did provision for the unfortunate class under discussion, who seem to have so few friends in any country. Therefore if they could not induce the Government to include Ireland in the Bill, there seemed but little prospect of their getting legislation on the subject for many years to come. That being the case, he, as President, had called a special meeting of the Irish Division, and that Division unanimously passed a resolution urging upon the Government that this matter should be dealt with by modifications to the Bill now before them, so that its provisions might be extended to Ireland; and a committee was appointed which drew up a statement explaining the scope of the Bill, which was forwarded to all the Irish Members of Parliament, and to a very large number of public bodies and asylum committees and county councils. The idea had already met with considerable support in the country, though, the question being so recent, all the public bodies had not yet sent their reply to the circular. Some of the asylum committees, however, had passed strongly worded resolutions in a favourable sense; and there had also been a reasonable amount of support, which he hoped would be increased later on, from members of Parliament belonging to both the Irish parties. What members of the Irish division desired was to have their action endorsed by the general body of the Association, and therefore, with permission, he would give effect to that desire by moving a resolution, *viz.*, "That we, the Medico-Psychological Association of Great Britain and Ireland, cordially endorse the action of our Irish Division in endeavouring to have the provisions of the Mental Deficiency Bill extended to Ireland, and we would urge upon the Government the necessity of introducing into the Bill the modifications necessary for that purpose."

Dr. DRAPES said he had been asked to second the resolution, which he did with pleasure. He did not think it would require much urging upon the Association to back up the members in

Ireland in their demand to be admitted to the provisions of this Bill. In a great many instances Ireland had been made a "separate entity," but in this instance he thought that country should not be regarded as such. In Ireland, as in England and all over the world, there were mental defectives, and where there was the same need the remedy should be made available. Why Ireland was omitted from the Bill he could not say. A measure like this, however, should be taken out of the region of party politics, and they in Ireland should be granted the same rights and privileges as were England and Scotland. The influence of the Medico-Psychological Association was beginning to be felt amongst the general public, and he did not doubt they would look to that Association for some guidance and instruction in matters of this sort. Irishmen would be extremely glad to have the assistance of the general body of the Association in enabling them to participate in the provisions of this Bill.

The PRESIDENT said it would be convenient, at that moment, to take the feeling of the meeting on that point, though he did not intend by that means to limit the general discussion.

The resolution was then put, and carried unanimously.

Dr. NEEDHAM said his words would be very few, but he would like to express the opinion of the Lunacy Commission with reference to the Bill. He thought they looked with the greatest possible dismay upon the passing of the Bill in its present form, because they saw before them a tremendous conflict of authority at every step. Everybody in that room knew that one could have no line of demarcation between the finer degrees of mental disease; they shaded off into each other by insensible gradations, and it would be very difficult to decide under which category the patients should be placed and under what authority. It was certain that a good number of people who were now under the Lunacy Commission would, if this Bill became an Act, pass under the proposed new authority, and there would be controversies and discussions and difficulties at every stage. Again, there was the question of the 7s. grant for these people, as against the 4s. grant for the ordinary paupers. Was it likely that a local authority, endowed with common-sense and a regard for their pockets, would be willing to send their patients to an institution where

they would only have 4s., when they could send them to an institution where they would have 7s.? It was impossible, and if that was so, what was £150,000? Already there were said to be 70,000 people who required to be taken care of. He wished to guard himself strictly against having it supposed that the Commissioners in Lunacy were against the principles of the Bill; they were strongly in favour of them, and very conscious of the extreme necessity which existed for defectives being taken care of in the ways indicated by the Royal Commission. He did not think that Royal Commission ever contemplated the setting up of two opposing authorities. The report of the Royal Commission leaned in the opposite direction, namely, the enlarging of the authority, and the merging of authorities into one Board of Control; not the setting up of two authorities which might have two entirely different standards.

Dr. HAYES NEWINGTON desired to say a word on the point which Dr. Needham had just referred to, and which was definitely settled at the last meeting of the Association. When the Bill was brought in by Mr. McKenna, he distinctly stated the fact that there were two Richards in the field, one old and the other new. Some would agree with the old Richard remaining in, and others would vote for the new one. That was a question to be settled by Parliament. Therefore, as Dr. Langdon Down said, there was no necessity to be pusillanimous about it; they were invited to join in the fight, and they could not be too strong in throwing in their adherence to the old Richard for the reasons given. That had now been further confirmed by the Association. He wished to emphasise the fact that there was a clear-cut issue laid down by the Home Secretary himself. After this debate, which had been a very far-reaching one, conducted from every point of view, they were in a position to approach their members of Parliament and urge on them the vital importance of supporting the course which the Association so strongly recommended. That would be the most effective way of doing their part. There was another suggestion which he would make, namely, that they must pay more attention to definitions through the Bill. They had one or two which required it—one, especially, with regard to the use of the word “educable.” He knew that even among experts there were two different views as to what “educable”

might mean in Clause 13 (b), which directed the ascertaining which of such children were educable. It was on that that the existing education authority and the new authority to be created would join issue; it was where they would touch, as Dr. Auden pointed out. Then as to the meaning of the word "defective," it was used in the most unfortunate sense in Clause 17. Much of the Bill applied to defectives. Obviously it was intended to apply only to those defectives who were to be subject to being dealt with under the Bill. To keep registers of defectives subject to be dealt with seemed simple and did not involve great hardship, but if an effective register of all defectives was going to be kept, inquiry must be made as to who were defectives. There might not seem to be much harm in invading the sanctity of a private house on information received to see if a person in it was a lunatic, but when it came to hunting up all possible defectives, it opened up the door to a very unfortunate procedure if local authorities chose to exert such powers. It was not likely, but one had to provide against all contingencies, and the Bill, as he read it, could, under the most unfortunate circumstances, afford much power for evilly disposed persons to make familiar inquiries into households. Another point was that raised by Mr. Deavin, a guardian, as to the guardians being displaced by the county councils under the Bill. As a county councillor himself, he, Dr. Newington, had much sympathy with him as a guardian; but when Parliament gave effect to the report of the Poor Law Commission he feared that worse treatment would be in store for guardians.

Dr. CORNER said so much comment had been made about the subject of the authority that he would only say, on that point, that he concurred in all the remarks which had been made with regard to the Commissioners in Lunacy being the authority; and that every committee with which he was associated, lay and medical, had unanimously passed resolutions to the effect that there should be but one authority, and that authority should be the Commissioners in Lunacy. Many reasons for this had been adduced—their experience in administration, in the construction of buildings, in the management of large institutions, as well as their special medical and legal knowledge; but there was one other respect in which he thought the Commissioners in Lunacy were especially suited to be an aid, and that was in regard to the duty, which was

to be thrown on our shoulders, of separating the feeble-minded from the imbeciles and lunatics on the one hand, and from normal people on the other. That promised to be a very delicate matter, and we would want all the help and sympathy of the Commissioners in Lunacy in endeavouring to carry it out. The meeting had been told about the finance of the Bill, and that £150,000 had been granted by the Government to provide a grant of 7s. per head. This would provide for an administrative department, and, apparently, for about 7,000 defectives; and, as Mr. McKenna had said, cases in asylums and workhouses would be the first to be dealt with, it was clear that they could not look for any financial assistance to provide for the feeble-minded. As had already been pointed out, there was a grant of 7s. per head under this Act, but only a 4s. grant under the Lunacy Act; and, as many lunatics and demented could be included under the definitions of the mentally infirm under this Bill, it was only natural to expect that such cases would be transferred to institutions for defectives. There were, also, all the weak-minded old people in the workhouses who were provided for out of the rates, and it had been declared or suggested that those would come under this Bill, so that the 7s. grant would be a great inducement for Boards of Guardians to transfer such persons to institutions for defectives, with the result that there would be no money left to provide for the cases which urgently needed to be segregated for the protection of society and the next generation. Sections 17 and 25 were, to his mind, the parts of the Bill which required their most serious consideration, for by those sections they had to define those who could be compulsorily detained. As Dr. Hyslop had already said, a defective must first be a defective within the meaning of this Act, as defined in section 17, subsection ii, but that was not sufficient to enable one to certify and detain the case. No case could be certified unless he was also "subject to this Act," as provided in section 17, subsection i, but evidently there must be considerable change made in this section if it were to be possible to certify all cases who, admittedly, should be subject to the Act, and if they were not to debar other cases from having the benefit of the special care and treatment which was necessary for their condition. It must be admitted that idiots and imbeciles as defined in this Bill should be certifiable under

all circumstances, as they were already certifiable under two other Acts of Parliament. When an attempt was made to make idiots or imbeciles subject to this Act one found that there were practically only two clauses under which they could be certified, namely (*a*) and (*e*), for idiots and imbeciles were rarely charged with committing offences, and were seldom found in prison; nor were they habitual drunkards, or children discharged from special schools on attaining the age of sixteen years. He invited the meeting to consider the clauses under which these cases could be certified, namely, (*a*) and (*e*). A few cases could come under (*a*) from wandering, or being cruelly treated or neglected, but only quite a few, so that the majority of idiots and imbeciles must be certified under clause (*e*), which stated it was desirable that they should be deprived of the opportunity of procreating children. Though most imbeciles and many idiots could be certified under this clause, he could not think that this was the intention of the framers of the Bill; and it must not be forgotten that many idiots and some imbeciles were sterile, and so could not be deprived of that which they did not possess. He thought he had said enough to demonstrate that idiots and imbeciles should, under all circumstances, be "subject to this Act." With regard to moral imbeciles, as defined in clause (*d*), it should be noted that all temporary and mild cases of moral instability occurring during childhood or puberty could be included under this definition; and as these cases were numerous, and the prognosis under proper treatment was very favourable, it was only natural for the parents of such cases to object to their children being certified alongside idiots and imbeciles. In order to limit this clause to true moral imbeciles, it was necessary to show that the mental defect was permanent, and that the vicious tendencies were habitual, so that before the words "mental defect" he had inserted "permanent," and he had replaced the word "strong" by "habitual." In that way clause (*d*) could be limited to moral imbeciles who were already certifiable under the Lunacy and Idiots Acts, and as their mental defect was permanent, and their vicious tendencies habitual, there could be no objection raised to "moral imbeciles" being made "subject to this Act," like idiots and imbeciles. The mentally infirm persons as defined in clause (*e*) would include not only senile, but all demented and many lunatics; and it was not surprising that this clause

should have created anxiety in the minds of the proprietors of houses licensed under the Lunacy Acts. There was a safeguarding clause in the Bill as far as public asylums were concerned, as the Commissioners had power to direct that cases who had become suitable subjects for lunatic asylums might be certified under the Lunacy Acts and placed in such asylums. But on reading the Bill one could not help being struck with the fact that it had been framed to meet difficulties which commonly occurred in public institutions, while only scant attention had been given to the effect which it might have on the welfare of private patients in houses licensed for lunatics and in homes for the feeble-minded. Amongst the mentally infirm persons who were also subject to this Act a few might come under section 17, subsection 1 (*a*), as wandering, etc., very few, chiefly males, under (*b*) as charged with committing an offence, a few, again, might be habitual drunkards under clause (*d*), but it was difficult to see how the majority were to be certified, as women after the climacteric and many senile men could not be certified under clause (*e*). In order to remedy this, in the amended clause which he had proposed, he suggested that mentally infirm persons "subject to be dealt with under this Act," should be those who are (*a*) found wandering about, neglected, or cruelly treated; (*b*) in need of further care and control, or are a source of injury or mischief to themselves or others. He had now considered all the defectives within the meaning of the Act with the exception of the feeble-minded, who, as defined in this Bill, were the borderland cases between imbeciles and the normal. He did not find much fault with this definition, except that plainly it could not apply to feeble-minded children, as it referred to "persons who may be capable of earning their living under favourable circumstances," and children could not be expected to be capable of earning a living. If that was to be the definition of "feeble-minded persons" within the meaning of this Act, it was important to realise that this would include all high-grade cases, however slight or temporary their mental defect, and these high-grade cases might all be made subject to this Act if (*e*) was to be retained in the Bill. This made it clear that the mildest cases, as well as patients suffering from slight and temporary psychoses during childhood, puberty, etc., were subject to this Bill, and must be certified in the same way as

idiots and imbeciles in order to receive proper treatment. It was hardly necessary to say that parents of the middle and upper classes would object to this, and would do all in their power to avoid certification by placing these highest-grade cases in farms and in country houses, where they might possibly escape supervision and registration, but they would not get the proper treatment and training, nor the supervision which was necessary, with the result that, from the eugenic point of view, the Bill would defeat its own object. Dr. Hyslop had pointed out that there were exceptions to the saying, "Once a defective always a defective"; he would go further, and say there were many exceptions. These cases had, in the past, placed themselves voluntarily under special training, and in the case of children had been so placed by their parents, with the result that many had improved sufficiently to earn a living in the outside world, while others could be taught dairy and poultry farming, horticulture, and the management of bees, as well as such subjects as book-keeping, shorthand and commercial correspondence. Many could learn these occupations but had not the business capacity or strength of character to carry them on successfully in the outside world, and in his opinion such cases should not be certified with idiots and imbeciles, while the majority of them would go voluntarily into suitable homes, to be trained or to live. When introducing this Bill, Mr. McKenna emphasised the fact that the feeble-minded, when placed in suitable homes, were contented and happy and did not wish to leave, although the doors were open. If that were the fact it was the strongest argument which could be produced in favour of extending the privileges which voluntary boarders enjoyed under the Lunacy Act, and giving the same privilege to cases which were feeble-minded and not subject to this Act. With the object of permitting the voluntary admission of suitable cases to certified houses and institutions, he had revised clause 17 so as to make all low-grade cases who were certifiable under other acts subjects to be dealt with under this Act, and had introduced clauses which would enable feeble-minded persons who were over twenty-one years of age and not subject to this Act to place themselves voluntarily in certified houses and institutions, and also to allow the parents or guardians of similar cases to place feeble-minded persons under twenty-one years of age in certified houses or institutions without

their being certified as defective. He knew that this change in the Bill would be welcomed by the high-grade feeble-minded, and still more so by the parents of such cases, and in his own mind he was confident that the combination of compulsory certification and detention, with voluntary treatment and control, would make a far more efficient machine for solving this great problem than would compulsory certification in all cases. In further reference to Section 17 (1), clause (e) made people subject to this Act because it was in the interests of the nation that they should be deprived of the opportunity of procreating children. His sympathy was with the Government in their effort to prevent the propagation of the unfit, but this clause seemed to him to be one which would arouse considerable opposition, and, as stated by the National Association for the Feeble-Minded, and also by the Medico-Psychological Association's Special Committee, it was too vague for an Act of Parliament, and would probably lead to much litigation. After all this clause would only be helpful to certify cases which were near the normal, and he asked whether medical men would certify such cases under section 17 (1) (e) and run the risk of having an action brought against them. There was also the question of what to do with sterile cases who could not be certified under this clause. In connection with this he submitted the following points: (1) Many idiots and some imbeciles were sterile, and could not be certified under (e); (2) amongst the mentally infirm persons women after the climacteric and many senile men could not be certified under this clause; (3) should cases who had been certified under clause (e) be discharged when they became sterile, such as women after the climacteric and men in senility?; (4) could cases exclude themselves from clause (e) by bring voluntarily sterilised? Those were all questions which would have to be considered if that clause were to be retained in the Bill. The last point was one on which he would not dilate, but simply express surprise that the Government should have taken so much pains and elaborated so much complicated machinery in order to certify and deprive people of their liberty, and yet had apparently neglected to consider the question of their discharge, for there was no proper provision for the discharge of patients in the Bill. It was only mentioned in two places, and came under the regulations which the Secretary of State was empowered to make after the Bill

was passed. Surely if Parliament were asked to support a Bill which took away the liberty of people who were so near the normal as were those dealt with in the Bill, clauses to regulate revision and discharge should be inserted in the Bill.

Dr. MIDDLEMASS said he did not propose to take up the time of the meeting by any prolongation of the discussion. He rose in order to get the benefit of the discussion conveyed to those whom it was hoped to influence. The Association was glad to have had present the Commissioners in Lunacy, and it was felt that they had lent a sympathetic ear to the debate. He regretted that persons whom they would have liked to have present were not there, and his purpose was to have conveyed to those individuals the purport of the discussion. He therefore proposed the following motion: "That a deputation, to be chosen by the President, Past-President, and President-Elect, be appointed to wait on the Home Secretary, and any other Government official whom it is thought desirable to interview, to lay before them the views of this Association, so far as they have been expressed, respecting the Mental Deficiency Bill." At the present time one had an unfortunate example of the results which might follow from absence of consultation between Government officials and the profession, and that, he thought, was not the only instance where the views of the medical profession might have obtained more weight with the Government if they had been expressed in time. He thought the meeting would agree with him that the views of the profession on this Bill should be laid before the responsible officials in time to be considered before the Bill received its ultimate shape.

Dr. McRAE seconded the resolution, and it was carried unanimously.

The PRESIDENT said there had been a most interesting and full discussion upon that very important subject, and it was owing to Dr. Hyslop and his method of introducing the subject that the discussion had taken the line it had. It had been most useful to those present: for some in getting information, and for others in crystallising the opinions which were more or less vaguely floating about in their minds. He thanked Dr. Hyslop in their name, and asked him to reply.

Dr. HYSLOP, in reply, said he had to thank the President for his kind words, and his audience for the way in which they had

treated the subject. There had been no waste of time over minor details, which details would necessarily be brought up in the Committee stage of the Bill. He did not doubt that the proposals for certification would be gradually modified, and the definitions would be more completely laid down, so as to avoid causing a scare. He thought that scare was more or less universal, even in the House of Commons itself. One night, after a Committee, they were sitting at dinner, and a Member came and said: "What are you talking about?" The answer was, "About defectives." The Member significantly turned on his heel and said to the waiter: "Will you find me a safe seat?" With regard to the question of procreation by the feeble-minded, the feeling had been very strong in some quarters that this should be limited in some way, hence the following saving clause was suggested: "That in addition to the mental deficiency, and being subject to the Act, there should be some good causes, such as heritable disease, such as syphilis, tubercle, and the like, and such other conditions as may be specified by the Commissioners and supported by the Secretary of State." If they were willing to concede that, and also further to define mental deficiency, it might possibly in some quarters meet with acceptance. Whether this clause, such as it is, would be accepted and passed, or whether it would prove to be a source of great objection to the public generally, remained to be seen. Dr. Auden raised the question of those who were educable. There had been several recommendations which would be incorporated in the agenda for consideration during the Committee stage, and the points which he had mentioned were already under consideration. He was sure Dr. Turner understood, in connection with idiot institutions, that what he pointed out was done advisedly, so as to give an opportunity of removing those objections, which he knew Dr. Turner could do much to remove, and in such a way that the people who had raised the objections would be quite satisfied. All members of that Association were undoubtedly very much in sympathy with the claims of idiot institutions. The £150,000 was offered as a sop, he did not doubt, to various local authorities, and to relieve their minds and smooth over the difficulties connected with bringing in measures which were going to involve a good deal of financial worry and possibly strain. In addition, it was used as a hook

or bait to land the Lunacy Commission in the Home Office. It remained to be seen, however, whether the bait was really going to be swallowed. It would have saved a good deal of difficulty if there had been no mention of the amount, because it was ludicrously small, inasmuch as it would only provide for about 6,000; and he believed Ireland alone would supply enough defectives to use up the whole of the grant. One might say the same with regard to the imbecile institutions, and if they took into consideration those who were to be discarded from the prisons, penitentiaries and schools, it would readily be seen that there would not be enough money to provide for or subsidise those defectives already under care, and that nothing would be left for those for whom legislation was imperatively demanded, namely, those who at the present time were unprotected, and were a source of danger to the general public. This sum of £150,000 had caused much dissension and difficulty, and so far as the provision itself was concerned, it would perhaps have caused less difficulty had there been no Governmental grant at all. How it had proved a bait was that the voting of a Government grant, no matter how small the amount, necessitated that there should be a responsible minister who could answer to the Government as to the employment of that fund. Hence it had been said, "Here we have a Home Office, we have a minister who shall be responsible for the utilisation of the Government grant, therefore let the Commission come over to us." Asylum officers were absolutely loyal to the present Commissioners, and there had never been any variation in opinion so far as they were concerned; the members of the Association desired that the present Commissioners should retain control. With regard to Ireland and its claims for inclusion in the Bill he was in complete sympathy, and the memorandum drawn up by the Irish Division and the suggestion that a new Clause 62 relating to Ireland should be incorporated in the Bill would, he had no doubt, meet with the approval and support of the Medico-Psychological Association. In conclusion, he proposed that to the special Committee to watch over this Bill there should be added Dr. Corner and Dr. Douglas Turner.

Dr. HAYES NEWINGTON seconded the proposition, and it was carried.

FURTHER REPORT OF THE SELECT COMMITTEE.

September 26th, 1912.

The Committee has held several meetings since the report to the Annual Meeting was presented. The following are its conclusions to the present date. Attention has been given chiefly to Clause 17, since it is understood that the Standing Committee will consider it at an early date.

Clause 5 (*e*) and Clause 34 to delete the words "dangerous or violent."

Clause 17 (1) in place of "persons who are defective and" to insert "persons who are

"1. idiots: or

"2. imbeciles; or

"3. feeble-minded and."

Note.—The Committee are firmly of the opinion that the qualifications *a, b, c*, etc., should be attached only to the feeble-minded so that idiots and imbeciles shall *ipso facto* be certifiable under any circumstances as is the case at present under existing legislation.

(1). (*d*) The Committee object to Mr. Hill's three amendments and support that of Mr. Locker Lampson, applying this provision to children on "or before" attaining the age of sixteen.

1. (*e*) The Committee would delete this, being of the opinion that medical knowledge is not so sufficiently advanced as to afford any definite guidance by which possible abuses that might occur under this provision can be obviated. It is felt that, if the Act is thoroughly administered, the feeble-minded who are capable of procreating children will before long be in safe keeping.

1. (*f*) The Committee would delete this. In place thereof they suggest a new provision:

"Who are in need of further care, control or treatment, and are a source of injury or mischief to themselves or others; or"

Note.—The principle of this was passed by Standing Committee "B" in the Feeble-minded Control Bill.

Following thereon,

(4) Moral imbeciles who need special care and treatment.

The Committee would delete the provision bringing the mentally infirm within the meaning of the Act for the following reasons:

They are beyond the legitimate scope of the Bill, and are incompatible, both in nature and requirements of treatment, with the other clauses enumerated in the clause. Further, this class is adequately provided for under existing legislation, such as the Lunacy Law and the Poor Law.

(2). (*a* and *b*) The Committee support the definitions of idiots and imbeciles, as given in the Bill.

(*c*) The Committee support the amendment of this provision, as proposed by Mr. Leslie Scott and other members, as follows: "Feeble-minded person, that is to say, persons who may be capable of earning their living under suitable supervision, but are incapable, through defect of mind existing from birth or from an early age, of managing themselves and their affairs with sufficient prudence to maintain an independent existence."

(*d*) The Committee propose that this provision should read: "Moral imbeciles; that is to say, persons who from an early age display some permanent mental defect, coupled with habitual vicious or criminal propensities, on which punishment has little or no deterrent effect."

The definition of mentally infirm persons would not be needed if, as the Committee suggests, these persons are excluded from the scope of the Bill.

The Committee desire to say that while it is recognised that the definitions contained in the Bill are necessary for the administration of the Act, it is likewise recognised that they cannot be regarded as strictly scientific. In fact, it is apparent that no definition can be framed which will satisfy accuracy as well as the needs of practical administration.

At the end of the Clause 17 the Committee propose a new proviso:

"Provided that no person who can be certified under the Lunacy Acts 1890-1911, not being an idiot or imbecile, shall be subject to be dealt with under this Act; and every medical certificate given for the purpose of this Act shall contain a statement that in the opinion of the certifier the person to whom the certificate relates cannot be certified as a proper person to be taken charge of and detained under care and treatment under the provisions of the Lunacy Acts, except as an idiot or imbecile."

REPORT OF THE COMMITTEE ON THE MEDICAL INSPECTION OF SCHOOL-CHILDREN (ADOPTED BY THE ASSOCIATION AT ITS ANNUAL MEETING).

The Committee consists of Dr. G. A. Auden (Medical Superintendent to the Education Committee of the City of Birmingham), Fletcher Beach (late Medical Superintendent, Darenth Asylum), W. Bevan-Lewis (late Medical Superintendent, Wakefield Asylum), C. Hubert Bond (Commissioner in Lunacy for England, Secretary of the Committee), R. H. Bremridge (Medical Officer to the Educational Committee of the County Council of Wiltshire), Chas. Caldecott (Medical Superintendent of Earlswood Asylum), J. Carswell (Certifying Physician in Lunacy, Parish of Glasgow), James Chambers (Co-Editor of the *Journal of Mental Science*), Sir Thomas Clouston (late Physician Superintendent, Morningside, Royal Asylum, Edinburgh), J. Benson Cooke (H.M. Prison Service, Wakefield), W. R. Dawson (President of the Medico-Psychological Association, and Inspector of Lunatics in Ireland), T. Drapes (Medical Superintendent, Enniscorthy Asylum), A. G. R. Foulerton (Medical Officer of Health, East Sussex), John Macpherson (Commissioner in Lunacy for Scotland), Charles Mercier (Visitor of State Inebriate Reformatories), H. H. Newington (Ticehurst; Chairman of the Committee), F. E. Rainsford (Chapelizod, Dublin), A. Rotherham (Medical Superintendent, Darenth), James Scott (Governor, Holloway Prison), G. E. Shuttleworth (late Medical Superintendent, Royal Albert Asylum; Medical Examiner of Defective Children, Willesden), R. Percy Smith (late Medical Superintendent of Bethlem Royal Hospital), F. R. P. Taylor (Medical Superintendent, East Sussex County Asylum; late Medical Superintendent, Darenth Asylum), A. F. Tredgold (Consulting Physician to the National Association for the Care of the Feeble-Minded), A. Warner (Medical Officer to the Leicester Education Committee).

The reference to the Committee was: "To inquire into the propriety of the Association framing and tendering to authorities advice on the search for and the definition of mental deficiency which is incompatible with the retention in elementary schools, with suggestions for the appropriate treatment of such deficiency, and to, consider any other cognate matters."

The Committee has held nine meetings; in addition, a careful *précis* of the transactions of each meeting has been circulated among the members of the Committee, who were invited to make representations thereon, for consideration at the following meeting. In consequence, the various questions included in, or attached to, the reference have been fully considered.

The Committee at once recognised the fact that, as regards general principles, it was to a great extent following in the footsteps of the Royal Commission on the Feeble-Minded, and that it was dealing with subjects which were receiving current attention in other quarters. Nevertheless the Committee has endeavoured to treat independently all questions on their merits, and on these lines it has come to conclusions which support the general findings of the Commission. It has, however, endeavoured to consider details from the personal and varied experience of its members, especially with regard to the scientific recording and "following up" the progress of mental defectives. It attaches considerable importance to the formation of a complete *dossier* of each defective; and it thinks that for the better study of a case of mental disorder, even though at the time of school, mental insufficiency might not have been apparent, it should be possible to refer to its school experience.

It is of the opinion also that closer relations between medical officers of the school and the asylum will be advantageous. It is possible that a warning as to the occurrence in a parent of those forms of insanity, which by their nature and time of happening may threaten to bring about early evidence of hereditary defectiveness of mind in the offspring, may be of some service in modifying normal education where such may produce stress on a possibly deficient brain.

The Committee is strongly of opinion that, in spite of any statements to the contrary, the provision of suitable means of training for children with low intellectual power, and the elimination of means of education which are not suitable to such children, may be found to be economically helpful. Experience shows that it is almost impossible to say beforehand that any child cannot be of some service, however slight, to the community. Such an opinion can only be formed after the capacity of the child has been practically tested for some period of time, and obviously such tests cannot be applied unless there is appropriate machinery in existence. On the other hand, experience proves that under scientific regulation, such as exists at Darenth, considerable saving can be made out of the work of those who, without that work, would be troublesome drones. The Committee feels certain that it is wrong, socially and economically, to allow a large number of cases (adults and children) of mental deficiency to remain deteriorating in institutions without being afforded opportunity for practical trials.

The following recommendations and resolutions have been adopted by the Committee for presentation to the Annual Meeting:

RECOMMENDATIONS AND RESOLUTIONS.

(1) The Committee, having seen the Schedule of Medical Examination of Children for Mental Defect, which appeared as an appendix to the Annual Report for 1909 of the Chief Medical Officer of the Board of Education, begs to endorse that schedule, suggesting certain amplifications (see Appendix 1). The Committee further considers that it is most desirable that local education authorities should provide facilities for consultation in doubtful mental cases between school medical officers and recognised experts in mental disease, including the past and present medical superintendents of institutions for mental defectives.

(2) That in all cases of mentally defective persons, provision should be made for a history of each case being kept as long as the case is under official supervision, and that records of the case should be preserved for reference. The Committee further considers that the schedules of school medical inspection of every child should be preserved for future reference, in case of mental failure at a later period of life.

(3) When special provision has been made for the education of a mentally defective child under the Elementary Education (Defective and Epileptic Children) Act or otherwise, a report should be made to the local education authority or other authority providing, by an expert, for the purpose of ascertaining the results, if any, of special treatment.

(4) It is desirable that medical superintendents of county and borough asylums should be empowered to communicate with school medical officers about any cases under their care, whose children are attending elementary schools under the supervision of those officers.

(5) The Committee is of opinion that an essential feature in the solution of the mental defective problem should be that adequate arrangements be made for the continuous detention and control of mental defectives requiring such care.

(6) The Committee has no hesitation, after the inspection of Darenth, in expressing the opinion that the expense of the education and training of mentally defective persons, if properly conducted, is justified.

(7) With regard to the suggestions for the appropriate treatment of juvenile deficiency, the Committee has not been able to draw up any formal recommendation which would adequately cover such an immense field of inquiry and, at the same time, be of practical use. The mere question of relative density of population renders it impossible to formulate any single proposition. There are other

factors to be considered, such as the difference in intelligence, natural habit of thought, environment and anticipation of future calling and occupation, which exists between urban and rural children, and the obvious effect of variation in the extent of deficiency in any particular class.

The Committee recognises that, after all, the principal provisions for treatment must depend on the fitness, relative or absolute, of the defective for receiving modified education or training, independently of personal care and control, or the reverse. On such a footing appropriate provision will, with any necessary modifications, probably work out in the shape either of "special classes" or of institutional life, when by reason of their defect or of the unsatisfactory condition of home surroundings the special classes do not fulfil all requirements.

With regard to the special classes, in certain cases the only chance of justice being done to mentally defective children would appear to lie in co-operation between areas which cannot afford to make provision by themselves. In a large town of 160,000 inhabitants, Mannheim, a system is adopted which is set out in Appendix 2.

With regard to the second line of treatment—the institutional—there is room for difference of opinion. But the Committee puts forward (see Appendix 3) a suggestion of a colony, which, it thinks, has much to recommend it in economy, convenience and benefit to the afflicted. It is quite recognised that all such propositions must be made subject to the details of the legislation, which is so imperatively and universally demanded; but it is confidently thought that such legislation will not contain any provisions that will be inimical to the general idea.¹

Though of course this suggestion is adaptable to the care of the feeble-minded in all classes of area, it gives chief consideration to the requirements of a rural county area. The principles must be the same everywhere; but there are differences between urban and rural areas which require different practical treatment. The comparative density of population is such a difference.

Since in certain cases continuity and permanence in supervision of mentally defectives is now admitted to be essential, the Committee has rather gone beyond the childhood limit in its ideas, believing that economy and efficiency can be secured only by considerable concentration and by avoidance of a break in that supervision.

The Committee is of the opinion, also, that the existing institutions for idiots, such as Earlswood, the Royal Albert Asylum, etc., may be taken as types of institutions that will be required for such mental defectives as cannot be conveniently treated in colonies. Their present geographical distribution permits of the existing institution becoming nuclei for certain districts, others being required to fill up gaps so that the whole of the Kingdom should be supplied with such accommodation.

H. HAYES NEWINGTON (*Chairman*).
C. HUBERT BOND (*Secretary*).

APPENDIX 1.

Schedule of Medical Examination of Children for Mental Defect.

Note.—The object of the following schedule is to facilitate the investigation of suspected cases of mental defect. It is of a suggestive nature only, and is printed in the present form for the convenience of school medical officers making inquiries into the mental condition of feeble-minded children.

I. *Name of child, address, name of school.*

II. *Particulars of home conditions, environment, school attendance, and other factors.*

III. *Family history.*

Insanity, feeble-mindedness, alcoholism, tuberculosis, miscarriage, syphilis, epilepsy, other characteristics.

¹ Since this Report was drafted it is found that the legislation proposed does not in any way interfere with the institution of colonies.

IV. *Personal history.*

Constitutional defects, injury at birth, malnutrition, rickets, diseases of childhood, commencement of teething.

Walking.

Speech, etc.

Physical state of mother, length of gestation, convulsions, accident.

V. *Physical conditions.*

(a) General.

Speech:—defective articulation.

Sight:—blindness, total or partial, errors of refraction.

Hearing:—(deaf-mutism, partial deafness, partial mutism).

Nose and throat:—Enlarged tonsils, adenoids, mouth-breathing.

Control of spinal reflexes and of salivation.

(b) *Stigmata.*

General retardation—Cretinoid development.

Cranium—microcephaly, hydrocephaly, asymmetry, rickets, imperfect closure of fontanelles, simple head measurement.

Hair—double and triple vortices, wiry or supple.

Face—irregularity of features.

Lower jaw—protruding or receding.

Eyes—mongoloid, presence of epicanthic fold.

Ears—size, setting, conformation, lateral sympathy, size of lobes, attachment of lobe to the cheek, supernumerary lobules.

Tongue—enlarged, furrowed, papillæ enlarged.

Teeth—irregular, absent, enlarged incisors.

Palate—arched, narrow.

Fingers—webbed, clubbed, defective in number or shape, supernumerary digits.

Limbs—Excessive length of upper limbs.

VI. *Mental Conditions.*

(a) *Reactions of Motor Mechanism.*

1. Formation of motor ideas. (Execution of simple and new movement from imitation.)

2. Storage of motor ideas. (Execution of simple familiar command by word of mouth.)

3. Power of control, initiative, purpose and concentration. Success of motor output. (Execution of familiar complex movement.)

4. Motor incompetence. Attitude in standing—Position of head, spine, knees. Gait. Position of arms, hands, fingers, in horizontal extension. General balance.

5. Motor instability. (Habits.) Rocking of body, rubbing hands, spitting, biting nails, or licking lips.

6. Motor disturbance. Tremors (face, hand, tongue), chorea, epilepsy, aphasia, hemiplegia.

(b) *Reactions resulting from sensory stimulation.*

1. Attention—Colour, size, shape, smell.

2. Formation of memory images.

(a) Recognition; objects, sounds.

(b) Recollection.

3. Association of ideas.

4. Judgment (*e.g.*, length, size, distance).

5. Relationship (similarity, contrast, symbolism).

6. General concepts (possession, self-protection, purpose, concentration, initiative).

(c) *Emotional conditions*: interest, excitement, aggression, co-operation, affection, etc. (positive or negative phases).

(d) *Tests of intelligence—*

1. Description of pictures, models, objects, familiar events.

2. Letters, words, reading (word-blindness).

3. Counting, manipulation of simple numbers, simple money values.

4. Writing.

5. Manual tests.

(e) *Tests of will power (under the above headings).*

VII. *Diagnosis.*—

- (a) Physically defective—stating defect.
- (b) Blind or partially blind.
- (c) Deaf-mute or semi-mute or semi-deaf.
- (d) Epileptic.
- (e) Merely dull or backward.
- (f) Mentally defective (feeble-minded).
- (g) Imbecile.

In this group the symbols "a" to "g" are intended to be correlated when necessary.

VIII. *Treatment recommended.*

- (i) An ordinary public elementary school.

- (a) Normal.
- (b) Normal, but backward.

- (ii) A special class for dull and backward children.

- (iii) Special school (day or residential).

- (a) Feeble-minded . . . } With notes as to after-care, custody, and the degree
- (b) Moral defective . . . } and character of manual training and ordinary
- (c) Epileptic . . . } school teaching likely to be advisable.

- (iv) Unsuitable for special schools.

Imbecile, ineducable, invalid.

NOTE.—*The above Schedule of Medical Examination was published by Sir George Newman, M.D., F.R.S.E., in his Official Report to the Board of Education for 1909, p. 208. The Committee have made some minor additions with the full approval of Sir George Newman.*

APPENDIX 2.

The Mannheim System.

The following is a short sketch of this system, communicated by one of the Committee, Dr. Auden of Birmingham, who has studied it *in loco*.

The principal elementary schools correspond to what we should term normal schools. There are eight classes or grades, through one of which each child should pass each year between the ages of six and fourteen. Ninety *per cent.* of the children do so. For the brilliant scholars, various forms of secondary education are amply provided. If, however, at the end of a year, a child cannot satisfy the teachers that it is fit for promotion, it is relegated to another and parallel system of classes, the "coaching" or "repeaters" classes. Here during the next year it practically repeats the work of the class in which it failed to progress. It is important to note that, whereas in the chief classes the maximum teaching of children per class is forty-five, in the repeaters class the maximum is brought down to thirty-five. If the child progresses sufficiently well he goes up a grade in this school each year. If he regains ground he is sent back to the chief classes, but will always be one year behind his class-age. The classes are divided, so as to allow of more individual attention. If, on the other hand, a child does not get on properly, it is sent to a third parallel series of classes, the "auxiliary" classes, which are held in the same buildings as the "coaching" or "repeaters" classes. These, in Dr. Auden's opinion, are in strict conformity with the special classes established in England under the Defective Children's Act of 1899. Here the teaching is more concentrated still, the staff being as one to twenty as a maximum, but as a rule there are only fifteen children in a class, which is divided further into two divisions. At this point medical research comes into play, for each child's case and history are accurately taken, and it is very carefully examined by the school medical officer for any mental or bodily defects before it is sent to these classes; in doubtful cases the child is sent back to the coaching class. There are preparatory classes attached to this division, in which, as also in the lower classes, the teaching is on the kindergarten system. All through this series of classes the training is largely manual, the children attending the ordinary manual centre with the children from the normal classes. The children are retained in this series until fourteen years of age, being carefully looked after as to food, clothing, etc., by a special committee. It is somewhat surprising, and certainly satisfactory, to read that the majority of those who pass through the auxiliary classes become self supporting. There is yet another receptacle for defectives—

the Idiot Asylum—for those who fail to come up to the standard of the last school. This is maintained by the State, and not by the Education Authority. The proportions of children in the schools are about 90 *per cent.* in the chief classes, 10 in the coaching classes and 6 in the auxiliary. It will be noted that this system allows plenty of time for the child itself to demonstrate its capacity for learning, and for the discovery and correcting, if possible, of any physical causes of retardation; it avoids the wasting of slow or damaged brain-power by vain endeavours to teach it with those of higher mental capacity, or, on the other hand, by throwing it on the rubbish heap through neglect; it obviates the waste of teachers' time and energy which depend much on having only one standard of brain to develop at one time; it concentrates teaching where it is most needed; and it is very comprehensive and thorough. The main classes are, as a rule, held in the smaller schools of the six districts into which the town is divided for administrative purposes; the repeaters and auxiliary classes are held for the most part in two large two-department district schools. There is thus no stigma attached to these children, such as is found to attach in England to those who have been transferred to the "silly" or "balmey" school, a stigma which often sticks and prevents the children from obtaining a job afterwards. At the same time the removal of the lower-grade mental defectives (as is contemplated in the 1899 Act in England, but is not strictly carried out) removes the chief objection of parents to send their children to a "special school." The cost is high, but the authority can pride itself on doing its best not only for the sound brain, but for strengthening and preserving that which is weak or damaged. The number of children receiving education in the public elementary schools in Mannheim is about 26,000. The system depends upon a careful decentralisation into complete educational districts. It has been put into practice in many large continental towns, either in part, or entirely, *e.g.*, Bale, Brussels, Copenhagen, Stockholm, Vienna, and in many large, German towns.

APPENDIX 3.

When, for reasons before stated, it is found that institutional life is required the Committee thinks that the central idea should be that of a colony in one or more selected places in an area. It thinks that there should be rigid adhesion to the principle that prospect of improvement by education and training in handicraft should be the essential qualification for admission. It thinks that the machinery of a colony should not be used under any circumstances for the purpose of detention solely.

The children may be divided into the following classes:

- (1) Mentally defective who are not epileptic.
- (2) Mentally defective who are epileptic.
- (3) Epileptic children who are either not at all defective mentally as far as educational purposes are concerned, or who are merely dull or backward.

The form of education will be of three types:

- (1) Physical training.
- (2) Purely manual and industrial training.
- (3) General mental education.

The general arrangements will have to be framed to afford the education or training best suited to each class. Obviously those epileptic children who are only excluded from the normal elementary school on account of their physical disease should not lose their right to general education, which may advantageously be combined with such manual training as will facilitate their becoming useful to a certain extent in after life; on the other hand, the lowest class can only receive strictly manual training.

The fact of epilepsy complicates the whole position, for while many epileptics are much the same as other children except for the convulsions, there is potentiality of their being or becoming defectives of an undesirable nature, while they are often morally defective, and always are a source of harm to other feeble-minded children, who frequently are mimetically impressionable.

A word may be said here about moral imbeciles, who assuredly will have to be provided for somewhere. Assuming that radical improvement in the moral direction is not to be looked for, these still have to be taught, especially in the manual form. For this reason it would appear to be right to include them as

scholars in the colony, since it would possess suitable means of giving such training. At the same time as many of them are criminals or quasi-criminals, their inclusion will entail a certain amount of provision for forcible detention, which may be a drawback to the general comfort. In any case they would have to be housed by themselves. By day they could mix under rigid supervision with the other children undergoing manual training.

To provide the manual and industrial instruction there should be a comprehensive set of workshops for such trades, etc., in which the children may be reasonably expected to acquire proficiency. A laundry, and possibly a needle-room, should be attached for training the girls.

As far as possible, the training of the children should commence on the kindergarten idea, and we think that the school should be staffed as far as possible by females, since they are found to be more apt and patient than men in such work.

For the adults such provision as can be seen at Darenth would appear to be suitable and sufficient. Some of the aged defectives might have manual occupation with the children, for which Darenth also supplies a precedent. Thus they would be taken away from the more vigorous life of the adult shops. A competent craftsman should direct the work in the shops.

The adults, after being trained in the schools, may well be housed in cottages on the estate containing from ten to twenty each as may be found desirable. The houses for the men would be conducted by the training staff and their wives, while the nurses and teaching staff would take charge of the women.

The colony should be provided with sufficient land to afford training and occupation for those defectives whose condition, physical and mental, is suited to garden and farm work. Probably a larger number of defectives are capable of being usefully employed in simple outdoor work than in more technical handicrafts.

Dr. HAYES NEWINGTON proposed the reception and adoption of this report, of which further copies were distributed. The Committee had the implied consent of Sir George Newman, chief medical officer of the Board of Education, to the insertion in this report of certain minor additions suggested by it to the schedule appearing in the report of the Board of Education, 1909, drawn up to aid the proper examination by school medical officers of children for the discovery of mental defect. The schedule was before the Committee, who spent a long day over it, being very much helped by the great knowledge on the subject possessed by Dr. Shuttleworth and Dr. Fletcher Beach. After thoroughly thrashing out those points they forwarded the result to Sir George Newman, and he had been good enough to approve of them; but that formal approval could not be obtained in time to circulate with the Report, as sent five days ago. But that day he, the speaker, had received from the printers the amended Report, which he asked the meeting to accept in place of those circulated. In Appendix 1 of that Report would be found the points which had been attended to. The Committee had been very careful, by means of a footnote, to safeguard themselves against taking credit for the exhaustive schedule. It was due to the Board of Education medical officers, chief of whom was Sir George Newman. Only a few emendations had been suggested by the Committee, and these had been readily accepted by Sir George. The latter had now read the Committee's report, and expressed his cordial approval of it, and said he would like to meet some of the members of the Committee so as to have an opportunity of talking over the matter, and, if possible, of forwarding it. The idea was to get something which was likely to be adopted by all; something which would lead to unified and universal practice. The report was somewhat long, but it was shorter than originally drafted because the Committee was a large one, and contained men with varied lines of thought, some of which were in direct opposition to others. Therefore, by way of compromise, some material had been withdrawn. He thought he might say that, as it stood now, the report represented the general feeling of this large Committee. It was not an unimportant Committee, and the Committee had had the advantage of receiving a large amount of advice from people unconnected with asylum life who were actually dealing with the problems contained in the report. At the same time, those on the asylum side of the question had been able, he hoped, to suggest to those practical gentlemen some lines of thought which might be useful. Appendix 2 represented, in his opinion, a particularly clever idea of making a scheme of education of children applicable to both the healthy and the unhealthy.

He took it that a real difficulty in England at present was that there existed no machinery which of itself actually covered the normal and the abnormal children in any given area. There were plenty of experimental schools for the abnormal, but he did not think there was anything like a very specific relation between the normal educational school and the schools for special classes of the abnormal. The design set out in this schedule of the report was as follows: The normal children were all promoted in regular order by age, and those who failed to come up to the age standard were shunted or side-tracked on to a parallel line of schools. And if they could not keep pace with what they ought to do in that second school, they were relegated to yet a third. If they could not get on in the third they were sent to the idiot asylum, and doubtless that was the best thing to do for them. In this procedure was a systematic means of dealing with the whole of the childhood of a neighbourhood together. And, speaking only for himself, he did think that was the great point in reference to this matter, for it embraced the whole lot. And if the teachers of the apparently normal child were not satisfied with his progress, they had ready at hand, without applying to any other authority, a further set of schools to test the child. If the child failed under the test he was put into the proper place for him. With regard to Appendix 3 which concerned a scheme for a colony, he believed the majority of this Committee thought that a colony would be the best form for those children who, being abnormal, could not have the advantage derivable from the first step in the treatment of abnormal children, *i.e.*, by special classes. It was, of course, understood that there were some children so little removed from their normal colleagues that they required but little extra and special teaching. But when one got further away from the normal it became necessary to segregate these children, not only as far as teaching was concerned, but also for custodial care. When that point was reached the Committee thought something in the way of a colony would be very advantageous. There were, in England, many admirable institutions which it was scarcely necessary to name, doing an enormous amount of work, but the Bill dealing with mental deficiency would cover a much larger field than that represented by these institutions. It would more or less bring into view the whole of mental deficiency cases in the village, in the town, and all classes. The Committee thought that a colony, in the sense in which they put it, *i.e.*, an institution with varying opportunities, planted out in a good place, would be of the greatest service. After all, the land was the plane on which man began to work, and it was the plane to which man must return, more or less, when his brain weakened. The Committee thought that if there were plenty of scope and space on land for children and adults to work, a considerable amount of good to them would naturally follow, and the best return, such as it was, would be extracted from their labour. Members knew what had been done in similar places, and, therefore, with some confidence, the Committee wished to impress on the general body of the Association the value of such colonies.

Dr. SHUTTLEWORTH said he was very glad to second the adoption of this report, inasmuch as it gave him the opportunity of drawing attention to the debt of gratitude the Association was under to the Treasurer, Dr. Hayes Newington, who, not content with his many other activities in the Association, had originated this scheme, and had worked with very great assiduity, industry and tactfulness, in bringing the report to the issue. As Dr. Newington had already said, there were many divergent views represented on the Committee, and, unfortunately, all the members of it could not meet simultaneously. But all the members of the Committee had a *précis* of each committee meeting sent to them, and, if they had not been present, they were requested to add their remarks. It would be readily understood that such a large committee very much complicated the labours of the Chairman, and that gentleman had shown remarkable skill and tact in drawing up this very intelligible and valuable report. With regard to the matters in it, the Chairman had already commented on them, and he did not think it was necessary to add any remarks of his own, except to express the hope that this effort on behalf of the Medico-Psychological Association to show its sympathy with what was going forward in an experimental way throughout the country with regard to the education of abnormal children would bear fruit in the direction of establishing an improved system in the future.

The PRESIDENT pointed out that the gist of the report would be found on page 2, and possibly some of the points mentioned there would invite discussion.

Dr. MACDONALD asked what was meant in Appendix 3, by the words—"When, for reasons before stated, it is found that institutional life is required, the Committee thinks that the central idea should be that of a colony in one or more selected places in an area." He wondered whether it meant that different authorities should combine, or that each county should be one central authority by itself. The question had come up for consideration in his part of the country, and the present idea was that the whole matter should come under, not only the control, but also the supervision of the county council. To take Dorsetshire as a typical case, it had an estate of 400 acres, and surely the natural thing would be for the county to be the authority, as there were no boroughs large enough to become themselves authorities. The idea would be that this central authority, the county council, should, instead of going out to buy land elsewhere, develop on the same estate. He maintained that the dovetailing which would take place within a convenient radius of these defective people and the central institution would often be of the greatest value. At any rate, he wished to express strongly his opinion that the idea of starting another authority, with its different set of officers, etc., was not to be recommended.

Dr. MENZIES suggested that the Association should let sleeping dogs lie; he deprecated saying at present anything about the point raised by Dr. Macdonald.

Dr. HAYES NEWINGTON, answering Dr. Macdonald, said that gentleman's views were his own. The appendix, in its original form, went much further than as it stood now, and in the direction pointed out by Dr. Macdonald. It was the idea originally that the colonies should not be of the asylum, but if it were possible to get them quite near it would be better. But he feared that the idea was not so universally accepted as was hoped, and part of the colony scheme had to be withdrawn. That was one way in which compromise had not, he thought, tended to strengthen the report. He very soon discovered, not only in this Committee, but in his local government world, that there was a tremendous point at issue beneath the surface of this question. Members of the Association as lunacy authorities naturally felt that they were the best people to deal with all forms of mental deficiency, right to the end. But that was not the view of the general population, who entertained a suspicion of the lunacy expert, and they went further, and would like to see a greater divorce between administration from the financial point of view, and the local government point of view, a divorce between that and the lunacy department. He thought that would be found to run the whole way through the Bill on mental deficiency, and through everything connected with it. It seemed likely that there would always be a fight between the lunacy authority and the lay authority. He hoped that sooner or later, and certainly by the help of the efforts of the Association, the lunacy element would be able to hold its own, and that they would be able to show that, after all, the people who saw the more developed phases of lunacy were still broad-minded enough to take proper consideration of the cases of milder degrees of defect. That was the attitude which had got to be faced in connection with the Mental Deficiency Bill, and it led the Association to support the Commissioners in Lunacy being appointed as the controlling Board under that Act, rather than a lay authority, from whom less efficient guidance could be expected.

Dr. DOUGLAS TURNER said that on behalf of the idiot institutions under the Act he strongly supported the plea that they should continue under the Lunacy Commissioners. If the idiot institutions were certified in or under this new Mental Deficiency Bill they would come under the new authority, and there would be dual control, which would cause much friction in the actual work: he spoke on behalf of charitable institutions registered under the Act. They were keen upon keeping under the control of the Lunacy Commissioners, and supported, in every possible way, the idea that the institutions which would come under the new Bill should be also under the Lunacy Commissioners, or some body of which those Commissioners formed a part. No doubt everyone was aware that in the new Bill there was a clause suggesting future amalgamation of that department with the Lunacy Commissioners. Probably that was only for the purpose of keeping people quiet; he did not think there was any real intention that it should be acted on, because he believed he was right in saying that the Lunacy Bill of 1890 suggested a similar amalgamation between the Lunacy Commissioners and the Masters in Lunacy.

The PRESIDENT pointed out that this subject would be more fully discussed on the next day. He therefore put it to the meeting that the report be adopted.

Carried unanimously.

Dr. HAYES NEWINGTON said probably the Secretary would require some information as to what was to be done with the report. A hope had been expressed that it might be sent to various authorities, and he thought the meeting might instruct the Secretary to send it to the Board of Education and the *British Medical Journal*.

Dr. PERCY SMITH thought they should include those who had charge of the Mental Deficiency Bill in the House.

Dr. SHUTTLEWORTH said he would like to suggest that it be sent to county councils and education authorities throughout the country.

Dr. MIDDLEMASS said he would add borough councils.

Dr. MILLER said it should be addressed to the education authorities on those councils, as otherwise it might not reach them.

Dr. SHUTTLEWORTH would get over that difficulty by sending it to both.

Dr. PERCY SMITH thought it should be headed "Adopted by the Association at its annual meeting."

Dr. SHUTTLEWORTH assumed that the school medical officers throughout the country would be included.

The PRESIDENT said he supposed the meeting would empower the Chairman of the Committee to consult with the Secretary and say to whom it should be sent.

Dr. GILL said it should be sent to boards of guardians. He was himself a guardian, and those bodies were taking a keen interest in the matter. It was so in his district, where such children as the Bill aimed at had come under their knowledge. He proposed that it be sent to the clerks to boards of guardians.

Dr. POPE seconded Dr. Gill's proposition.

Dr. BEVERIDGE SPENCE said he did not rise for the purpose of supporting that proposition; he felt that clerks to boards of guardians would be found to be great opponents of the lunacy view of the question which Dr. Hayes Newington expressed. In his own part of the country boards of guardians were themselves establishing colonies. One large union had spent about £25,000 on the acquisition of a site for a colony, not alone for the children referred to in the Bill, but for imbeciles in the workhouse and non-certified lunatics. On the borders of Birmingham they had already established a home for children, and they reported that it was extremely successful in its results, and had the great advantage over anything which came under the county council, namely, that it was very much cheaper. That feature would doubtless be expressed strongly, namely, that under boards of guardians they would be able to provide for the cases much more cheaply than the county councils had been able to run their asylums. At all events, the boards of guardians pressed that point emphatically on the public at present, but he did not agree with them. Still, it must be recognised that members of boards of guardians were people with whom the Association would have to deal, and their point of view would have to be taken very fully into consideration. Personally, he would rather that the memorandum should not be sent to boards of guardians, though he would not wish to ignore their influence.

Dr. GILL's proposition was then put, and lost.

Occasional Note.

BY H. H. NEWINGTON, F.R.C.P.ED.

I VENTURE to offer to the Editors a few notes on the present phase of legislation for the feeble-minded, for the benefit of those who have not had the opportunity of following the progress of events, especially in the last month or two.

Three Bills have been brought forward and printed at this date, October 1st, 1912. They are entitled:

(1) The Feeble-minded Persons (Control Bill), presented by Mr. Stewart.

(2) The Mental Deficiency Bill, presented by Mr. Secretary McKenna on behalf of the Government.

(3) The Mental Defect Bill, presented by Mr. Hills.

These Bills at the present date stand as follows :

(1) Has been read a second time, and referred to Standing Committee "B" of the House of Commons. It has been considered and amended, and is now ready for report to the House.

(2) Has been read a second time, and referred to the same Committee. It is now under course of critical consideration by that Committee.

(3) Has been withdrawn altogether. It was, perhaps, the most workmanlike of all the three, but it weighted itself too much by repealing and re-enacting all existing lunacy legislation in order to bring lunacy and mental defect into line with each other in a complete Act. The effect of this, no doubt, would have been good, in so far that it emphasised the need, for which we have contended, to recognise the fact that mental enfeeblement is included in mental disease, which may develop in all degrees between downright insanity and mere mental hebetude. The complement of such a principle is administration, regulation and treatment under one law, and by one Board of Control, with appropriate provisions for each variety. But undoubtedly the work of reproducing lunacy law, as at present settled, in another shape would have opened the door to unsettling the delicate machinery which works quite reasonably well. In addition, the mere alteration in shape would entail much vexation, especially to those of the clerical staff, who have to work under sections best known to them by their numbers. The Bill aimed at representing the views of the Royal Commission on the Feeble-minded, and as the report of that body is so universally accepted, it would be a pity if any of the recommendations therein were to be missed by the withdrawal of the Bill. But it happens that one of those who were prominent members of the Commission, Mr. Dickinson, is also on the Standing Committee ; thus, no doubt, the guiding principles of the report will not be entirely lost to sight.

Thus there are only two Bills now viable, and it is well to remember that there are two, for it is not quite outside the bounds of possibility that when the difficulties, financial and

administrative, are recognised, it may be thought that the spirit of No. 1, with some strengthening, may meet circumstances better than that of No. 2. There are very essential differences between the two Bills, which, for easier identification, I will call Mr. Stewart's (No. 1) and the Government Bill (No. 2) respectively. Parenthetically I should desire to say that this latter term, which is much used, must not be taken to imply any origin that would in itself arouse in some a feeling of suspicion and resistance. It is quite apparent that business is meant in all parts of the House, and that there is a genuine intention to give effect to the admirable work done by the Royal Commission. There is no danger to be anticipated from party feeling: on the contrary the Home Secretary obtains support as well as criticism from members of all parties. The temporary and close association, for the latter purpose, of two representatives from opposite camps was the subject of some banter; nevertheless, the joining together of all sorts and conditions, whether for or against the Bill, solely on its own merits, is an obvious element which makes for a really good Act if time be taken over it. It is perhaps true that there is a little inclination to claim that the liberty of the subject is chiefly in the keeping of one or other school of thought, but we know better. In dealing with this particular subject, which in itself is likely to be one of the chief battle-grounds, it may be well to point out that the liberty of the greatest number of responsible workers who are of value to the State is best secured by depriving of his own liberty one who abuses it or interferes with that of others. Liberty has its duties equally with its privileges. From the histories which we obtain as asylum officials, we know how many wage-earners are deprived of their liberty, even of their power, to work by the dread of, and the responsibility for, the possible acts of one individual, whose services are not of the least value to them, himself, or the State.

The main differences between the two Bills were set out by Mr. Secretary McKenna himself thus:

"The proposals of this Bill differ from the other Bill in this respect, that they throw compulsion on the local authority to inquire into the feeble-minded in its area, keep a register of them, and provide for them and maintain them. The only limitation on this duty is the limitation of the amount of money

which is provided by the State. All these points find no place in the Bill introduced earlier in the session. Under this Bill it is proposed to find £150,000 out of the Exchequer. Add to that the burden which will be thrown on the local authority and you have a sum which will provide a considerable number of homes which will and must deal with the feeble-minded. In the Bill introduced earlier in the session there were no means of compulsory powers and no means of meeting the cost, as a private member's Bill could not throw any charge on the Exchequer. We provide both compulsory powers and the means of discharging them."

In another part of his speech Mr. McKenna said :

"In this Bill there is the element of compulsion. The first compulsion is on the local authority to inquire and investigate as to feeble-minded persons within its area, and to provide for them. There is a limitation, however, to the duty which is imposed on the local authority. There is no compulsion on the local authority to provide and maintain homes for the feeble-minded persons beyond such a number as the State contributes for. It was felt that with so many charges on the local authorities at the present time it would be too burdensome to impose upon them a new duty with a large heavy charge, unless at the same time the State contributed towards the cost. There is, therefore, this limitation of the duty of a local authority. They need not provide for and maintain the feeble-minded persons in their area beyond the number to which the State contributes. There is power given to them to provide for all the feeble-minded in their area, but there is no compulsion to exercise the power if their means do not admit of it."

The word "compulsion" is not only a strong term, but one which might be called harsh. It arouses instantly some resistive distrust, and it may well cause alarm when the rate-payers recognise the total cost of what is sought to be done, so clearly coupled, as it is above, with compulsion. In the present instance it has a comical aspect. The local authorities by various Sections of the Bill are told to learn their duties and carry them out religiously, and if they do not do so the Home Secretary will soon know the reason why and compel them. But their obedience to law need not go further than a few pounds will carry them. £150,000 per annum is to be the

extent of compulsory perfection for all England, Wales and Scotland.

Assuming that the threat of the thick stick is needful in order to bring some authorities up to a sense of their duties, does not this limitation itself suggest cessation from further action after the limit has been reached? But as a matter of fact we may expect that a very large amount of good work will be done apart from compulsion by most, if not all, authorities when their opportunities for so doing are properly facilitated.

Undoubtedly much has been done voluntarily and without compulsion by some authorities. One has only to mention the Metropolitan Asylums Board to give an example of really efficient service thus rendered to the State. It is true that in this case there are legal powers for the purpose that do not exist elsewhere. Full advantage has been taken of these, and the work done in respect of all classes of defectives shows that the right spirit actuates the efforts of the local administrators. So, too, in spite of the absence of these provisions, much good has been done elsewhere, and in the right spirit. The existence of this praiseworthy attitude is shown by the efforts, more or less successful, of voluntary associations, of which many exist in large towns. But in all areas the work has been hampered, and in most omitted, for one particular reason. It is the universal opinion that all work done for juvenile defectives is utterly wasted in view of the loss of legal control at the early age now obtaining. The power to extend supervision beyond that age, when required, is the most valuable asset of both Mr. Stewart's and the Government Bills. Given this power, together with some further power to deal with those who require care at any age, it may be hoped with more than a little confidence that voluntary effort will carry most authorities beyond the limited point determined by the small grant in aid. It has to be remembered that the *personnel* of local government has rapidly improved. There are many intelligent men, who spend much time in considering and pursuing such reforms, now on the various bodies. Their presence on boards of all kinds serves to shame and beneficially to influence those who simply study the rates. Such a question as that now being treated would surely attract their best attention, and would evoke that voluntarism which gives far better results than compulsion.

When we come to analyse the nature of the pressure which may be brought to bear, it only amounts to that which has existed in the Lunacy Law since 1845. The Act passed that year threw on local authorities the duties of providing for and maintaining all the insane of the districts whose cost falls on the public. An enormous amount of money has been spent in building ample accommodation, and this has been done voluntarily or with a minimum of pressure, until it may be said that all authorities have made satisfactory arrangements. The pressure must, under the Bill, commence with the Board of Control, the Home Secretary being allowed to use his powers only on the report of the Board. The Bill in itself recognises that all cannot be accomplished at the outset, as shown by its limiting the need for present action to the value of the present grant. Further, it eases the way for local authorities by allowing the cost to be spread over sixty years instead of thirty, which is the present limit under the Local Government Act, 1888. Yet, again, it recognises that the burden of providing the necessary accommodation may be such as to cause some authorities to outstep their borrowing powers under the same Act, and it provides accordingly. In one sense this very form of compulsion is a great safeguard against undue pressure. Without it, it would be possible for anyone seeing an authority in default to agitate until necessary steps were taken; with it, no one but the body which knows all the circumstances can say a word.

But in spite of all this the word "compulsion" must attract attention to the proportion which the proposed grant of £150,000 bears to the total probable cost. This divides itself into two heads—(1) Providing accommodation, and (2) maintenance, including in the latter wages and maintenance of the necessary staff. As to the first I take the estimated figures of the Royal Commission. By these there were in 1908, when its report was issued, 66,509 defectives of various classes who urgently needed provision being made for them. We may assume that during the period elapsed since then the number has grown to 70,000. The Royal Commission on certain data estimated that proper accommodation could be built for £100 to £120 per bed. But the instances on which they founded that estimate showed a considerable shortage in land, which is so essential for the education, occupation and

support of many, if not most, of the defectives to be cared for. A careful survey of the work of the Metropolitan Asylums Board in regard to its mental patients shows that at the four large asylums of Tooting Bec, Leavesden, Caterham and Darenth, the cost for land and buildings works out at about £163 per bed, about one-seventh of the total being for land. As no doubt some of the children's homes would cost less, the probable cost for all their defectives would amount to £150 per bed. The four asylums may be taken as fair samples of what has to be faced, for the expense of the more recent asylum at Tooting Bec is at least outset by that incurred forty years ago for the cheaply built Leavesden and Caterham. On this estimate the total expenditure to be incurred under the Bill will amount to considerably beyond £10,000,000. Since it will be needful to build for more than present necessities, we may take £11,000,000 as the sum wanted in course of time to meet all needs. The repayment of capital and interest (at $3\frac{1}{2}$ *per cent.*) during, say, fifty years, will need a yearly payment of about £450,000. I take fifty years rather than the maximum of sixty, since some of the expenditure will be made in respect of furniture, fittings, etc., of a perishable nature, for which such a long time as sixty years could not be reasonably asked. For to the cost of maintenance, the Royal Commission estimated for an increased expenditure of about £550,000. The two costs, therefore, would together amount to £1,000,000 annually. It will thus be seen that the grant bears but a small ratio to the total, and it is altogether too small for compulsion to be talked of with a sense of proportion, the more so since legislation is called for by the nation for the general good of the nation itself. It is, of course, true that in essence a local area is deemed to be responsible for the well-being of its sick, but, admitting this, it would seem right to think that there are two parties involved equally in this matter and that each might bear a moiety of the cost. I note that an amendment having this effect stands in the name of Captain Clive.

The financial aspect of the Bill does not concern medical experts so much as others perhaps, nevertheless the experience of those in medical charge of defectives may serve to point out some particulars raising hopes which are not likely to meet with fulfilment.

In his second-reading speech Mr. McKenna said :

“In order to start the local authorities in this work, it is proposed that there should be a payment by the Exchequer of £150,000 a year. That will greatly assist the local authorities in dealing with those feeble-minded persons. There will no doubt be the economies in respect of those who will be taken out of workhouses, and further economies in respect of those taken out of lunatic asylums and prisons. We must also remember that to a considerable extent the feeble-minded homes will be self-supporting, and therefore I am not without hope that while this grant of £150,000 will not, and cannot, cover the whole ground, it will be a sufficient sum to enable local authorities to make a real substantial start in the work that lies before them, and to meet to a certain extent the cost in the first years of the Act.”

The particular statement which first calls for criticism is that in which the Home Secretary looks forward to the feeble-minded homes being to a great extent self-supporting. It is not quite clear whether the term “feeble-minded” is meant to include only those who are defined in the Bill itself as coming under it—persons who may be capable of earning their living under favourable circumstances through mental defect existing from birth or from an early age—or whether it is meant to include, as the context suggests, all the subjects of the Bill. But in either case experience shows that little help can be got from the workers, certainly not sufficient to keep them in board, lodging and supervision. If the term is used in the larger sense it is at once certain that any profit from the labour of the few profitable workers will but little affect the expenses of all, and it is when dealing with the total expense called for by the Bill that the Home Secretary advances his statement. Obviously it is the income made by the total defectives which counts when considering for practical purposes the net cost to the ratepayer. The operations of the Metropolitan Asylums Board can again give us some valuable information on several questions of cost of providing and maintaining, and of the return made by working defectives. It may be said that these operations cannot be taken as a fair example. I do not know why they should not, for the Board is progressive, working hard to fulfil its duty as well as to satisfy those whom it represents. Further, it presents an instance of the most advanced dealing with a comprehensive variety of all those

whom it is sought to bring under the new Act excepting those who are under the care of the educational authorities ; and it, in Darenth, presents an example of the most scientific and financially successful endeavour to extract profit from damaged brains ; it is, as far as I know, the only body which deals with the total mental deficiency of the area which it covers, irrespective of those who are kept at home, undeclared, or who are at school. It deals with almost all those who will be enumerated by the Act, seeing that it embraces, with the exception of less than 2 *per cent.* of the total mental defectives (who are retained in the ordinary workhouses), all those who do not come up to the lowest requirements for admission to the asylum. Taking the figures for 1911 the Board deals with 580 children in homes and 5,800 of all ages in the various asylums. At two institutions, Darenth and Bridge, the latter being for children, there are considerable returns made from the patients' work. At the former such a return is made of £3,354, of which £2,478 is made in the shops solely by patients, and the balance is made on the farm, where no doubt sane paid labour contributes much. Yet this return only lowered the total maintenance cost at Darenth by about 6 *per cent.*, all capital charges, special expenditure and central office expenses being ignored. On the total cost of the defectives the return lessened expenses by under 2 *per cent.* The weekly cost at Darenth amounted to 9s. 7d. after the return had been deducted. This fairly corresponds with the rough estimate made by the Royal Commission, but it is a little difficult to see where there is likely to be economy in transfer of inmates from asylums and workhouses to the new institutions. It is true that some of those transfers may bring with them some valuable labour, but that will only deprive the asylum of the same value, and will necessitate in the latter the hiring of more expensive labour to do the simple work which had been done by the inmates for their board only. The rate-payer will not in the end find much economy from the transfer.

There was yet another, and even more important, difference between the two Bills. I refer to the composition of the Board of Control. That difference has happily to some extent disappeared, unless it be revived by a higher authority than the Standing Committee "B." This contingency, however, is not probable. At the outset of his introduction of the Bill to the Standing Committee, Mr. McKenna, after

reviewing his reasons for proposing the composition of the Board as it appeared in the original Bill, announced that he had altered his opinions, and moved that the Board should consist of the present eight paid Commissioners, four other paid Commissioners, with three others, fifteen in all. The chairman is to be paid, and one of the Board shall be a woman. The question as to which section of the Board is to supply the lady is not quite clear, but apparently it enacts that she shall be medical. Thus there will be placed at least five medical members on the Board for the present, as it is intended to appoint the four present medical incumbents right away. The exact composition of the Board, outside the appointment of the present paid Commissioners, is still under debate, and there appears to be some desire to reduce the number.

In this connection it is right to state that the work of the Lunacy Commission was fully and worthily recognised in the debates. Much trustful reliance for the working of the new Act, as well as of those already in existence, was expressed. I have reason to know that the trust in the Commissioners is so great in some quarters that there may be some desire to leave a good deal of the details in the matter of classification and administration which should appear in the Act itself. But whatever the amount of advice that may be asked for and given by the Commission, it would obviously be necessary to define the limits in every direction with the greatest precision and formality. Nothing could more readily lead to distrust of the Board than being called on to interpret broad directions laid down by the Act, instead of being called upon simply to apply the Act as given to them. We know how patients, and even their friends in some instances, despise the judgment of the present Commissioners when their opinion does not coincide with the feelings of the patient on the question of sanity. However justifiable the steps to be taken under the new Act may be in the eyes of disinterested persons, it is quite certain that considerable irritation will be aroused in many to whom the Act may come home. Beyond these, sympathetic neighbours will be disturbed and distressed by unfortunate defectives being, for reasons not very obvious to them, deported to a distance, possibly for ever. On all grounds it is essential that the clearly cut directions of the law should be behind those who have to administer it.

So far there has been little, if any, expression of the idea that persons can now be locked up unwarrantably. As the scope of the discussion, both in the House and in the Committee, allowed full opportunity for such an expression, we may take it that the idea is practically non-existent or at least confined to a few.

The Bill does not specifically propose the appointment of Assistant Commissioners, but there is an amendment down for this purpose. Such help will be urgently needed to meet the great extension of duties imposed by the Bill.

Though the principles of the original Bill, on which the first composition of the Board was decided, have been overcome, as shown above, yet some of them are recalled by a proposition made verbally to the Standing Committee by the Home Secretary, when he announced his desire to revise his first views. This proposition is now set out in an amendment standing in his name, *viz.*:

“ For the purpose of the exercise and performance of such of the powers and duties of the Board as may be determined by the Secretary of State to be of an administrative nature, there shall be established an executive committee of the Board (in this Act referred to as the Executive Committee), consisting of a chairman and such of the Commissioners not exceeding four as the Secretary of State may appoint, to which shall be entrusted the executing and performance of all such duties as aforesaid, subject as aforesaid.”

Thus at the very outset, the body which we hoped to see homogeneous and experienced is cut in two. Some of the Commissioners have powers which others have not. This process of disintegration is not to be confined to the powers conferred under this Bill, but is to be extended by an order of His Majesty in Council to all the powers and duties of the Commissioners in Lunacy under the Lunacy Acts, 1890 to 1911, and the Idiots Act, 1886. It is not difficult to conjure up circumstances under which friction between the two authorities may occur, but we can go to history of some years back to find one concrete example. The Commission of that day had strong views as to the size of asylums into which curable cases were to be admitted, and expressed those views in relation to an asylum proposed to be built by the London County Council. Nevertheless, the plans were passed, over

the heads of the Commission, by the Home Secretary of the day. The establishment of independent authority in two parts of one Board is further evidenced by an amendment which provides that any inquiries empowered by the Act may be held by the Board or the Executive Committee or any two Commissioners. It is difficult on analysing the particulars of an administrative nature to find any which cannot properly come within the scope of the whole Board. Undoubtedly, money was at the back of Mr. McKenna's mind when he gave as a reason for setting up the Executive Committee the fact that public money was going to be spent under the Act, and thus responsibility to Parliament of the officer of State (himself in this instance) is entailed. If he wants any official explanation or account from a section of the Board, it is not easy to see why he should not have the Board's views and actions reported to him by a finance committee appointed by the Board itself. There would then be responsibility on the whole Board. If, on the other hand, he is only to listen to one section of it, the other members will be bound by the action of their few colleagues, and thus probably the prestige of the Board itself may suffer. It is suggested that very real risk of misfortune may arise from the uncertainty and possible want of unanimity for which opportunity is thus given. No doubt the Board will have occasional differences of opinion among themselves, but these will be settled privately in the ordinary way. The possibility of difference of opinion between the Board and its Statutory Committee being made public is much to be deprecated.

Undoubtedly clause 17 is the most important part of the Bill, seeing that it settles the limits within which its operations are to take place. The importance of the clause impressed itself on some members of the Standing Committee so much that they asked for its being taken at the very outset. However, it was ultimately agreed that after the composition of the Board with matters contingent thereon had been settled, this clause should be taken next. Accordingly its consideration may be looked for in the early days of the resumed sittings of the Committee in October.

It is impossible to discuss its many and intricate phases without the actual words before one, and therefore it is set out in full.

17.—(1) Save as expressly provided by this Act the following persons, and no others, shall be subject to be dealt with under this Act, that is to say, persons who are defectives and—

- (a) who are found wandering about, neglected, or cruelly treated ;
 - (b) who are charged with the commission of any offence, or are undergoing imprisonment or penal servitude or detention in a place of detention, or a reformatory, or industrial school, or an inebriate reformatory ;
 - (c) who are habitual drunkards within the meaning of the Inebriates Acts, 1879 to 1900 :
 - (d) in whose case, being children discharged on attaining the age of sixteen from a special school or class established under the Elementary Education (Defective and Epileptic Children) Act, 1899, such notice has been given by the local education authority as is hereinafter mentioned ;
 - (e) in whose case it is desirable in the interests of the community that they should be deprived of the opportunity of procreating children ;
 - (f) in whose case such other circumstances exist as may be specified in any order made by the Secretary of State, as being circumstances which make it desirable that they should be subject to be dealt with under this Act.
- (2) The following classes of persons shall be deemed to be defectives within the meaning of this Act :
- (a) Idiots ; that is to say, persons so deeply defective in mind from birth or from an early age as to be unable to guard themselves against common physical dangers ;
 - (b) Imbeciles ; that is to say, persons who are capable of guarding themselves against common physical dangers, but who are incapable of earning their own living by reason of mental defect existing from birth or from an early age ;
 - (c) Feeble-minded persons ; that is to say, persons who may be capable of earning their living under favourable circumstances, but are incapable, through mental defect existing from birth or from an early age :
 - (i) of competing on equal terms with their normal fellows or ;
 - (ii) of managing themselves and their affairs with ordinary prudence ;
 - (d) Moral imbeciles ; that is to say, persons who from an early age display some mental defect coupled with strong vicious or criminal propensities on which punishment has little or no deterrent effect ;
 - (e) Mentally infirm persons ; that is to say, persons who through mental infirmity arising from age or the decay of their faculties are incapable of managing themselves or their affairs.

I do not propose to criticise the clause in anything like an exhaustive manner, but merely wish to make one or two general points which may have a large bearing on the scope

of the Bill. No doubt our Special Committee will continue the close examination which it has commenced.

One such point is the use of the word "defective." It will be observed that in the opening of sub-clause (1) it is used in the sense assigned to it in clause 1 (1), "within the meaning of this Act," being immediately tied down for the purposes of treatment under the Act by certain qualifications or accessory conditions. Next, in sub-clause (2) the term is more specifically defined. Thus, we get two distinct ideas conveyed by the term. Thus, there are two distinct conceptions of deficiency: Deficiency within the meaning of the Act; deficiency within the meaning of the Act, and further qualified as in sub-section (1). This is a matter of cardinal importance. Naturally the term itself will be met with in all parts of the Act, and its careless use may alter the operation of the Act to almost any extent. It is absolutely necessary that whenever it is used its precise meaning should be accurately weighed before it receives full force by law. To take a striking instance: Clause 12 (a) directs the local authority to "ascertain what persons within their area are defectives and are subject to be dealt with under this Act," and (c) to "keep registers of defectives." To carry out the latter direction in its full sense it would be necessary to carry out the first direction much farther than is intended by the Act. All doubt would be removed if the word "such" were inserted before "defectives." Perhaps such a limitation would not satisfy the eugenicists, who would probably wish that for their purposes the registration of the second class of defectives should be noted as well. It is much to be hoped for that the excellent principles of the eugenic body should not be imperilled by general mistrust arising from too vigorous application of detail. It is quite evident that these principles have already awakened a certain amount of dogged opposition to much that may be useful. Another example of the unlimited use of the term is found in clause 5 (a) which provides that the Board shall "exercise general supervision, protection, and control over defectives," thus bringing into control many who by the Act are not to be subject to treatment under the Act.

Mr. Dickinson has put down an amendment to the opening sentence of sub-clause (1) by which he would delete the word "defective" and substitute the words "idiots or imbeciles or

feeble-minded." This proposal limits the application of qualifications or the accessory conditions to the first three of the five classes set out in sub-clause (2). By a further amendment Mr. Dickinson would apply the Act directly and without the qualifications to (4) moral imbeciles and (5) mentally infirm persons who are in need of care or control. One would suggest that the moral imbeciles to be dealt with should likewise have the qualification for need of care and control, since the definition of moral imbecility, even when strengthened by the substitution, proposed by Mr. Dickinson, of "habitual" for "strong," is still too wide. Most of us know silly and purposeless liars who get on fairly well without control, but might be dealt with under the Act as "displaying some mental defect" by their silliness coupled with the "habitual vicious propensity" of mendacity. If this actual need of control or care is made a *sine quâ non* all through instead of the operation of the Act being determined by a mere academic definition, much of the existing doubt and distrust will be disarmed.

It may be said, further, that the power to detain under care or control those who at present pass from official supervision at an early age will obviate many difficulties in applying the Act at a later period of life. If defectives are caught up in the beginning of their career and are kept as long as may be necessary under control, there will be fewer at large to require control at later stages. For instance, most of the women, who under the Act are not to be permitted to procreate, will be under circumstances requiring no further restrictions, while the imbecile male will be in a safe place. The dealing with the latter *de novo* will be one of the most difficult of the problems to be solved.

Then with regard to the old folk, is it really necessary to do more with them than to create powers for dealing with them only when it may be absolutely necessary? The procedure suggested by Mr. Dickinson will obviate much disturbance of existing circumstances, which circumstances the Royal Commission admits are in many instances quite satisfactory: it will obviate much expense, which cannot well be afforded in compulsory shifting of patients between asylum, workhouse and new institution; and it will also obviate much of the irritation and mistrust which is engendered by the difficulty of foreseeing to what extent the Act will carry us. On the other hand, it will bring

together and concentrate the best endeavours of all parties to deal with early deficiency, for in all quarters the interests of the young are considered to be paramount.

Mr. Dickinson carries out this care for the young by a further amendment giving power to the Board to apply the whip to those education authorities who are behindhand in providing special care and instruction for such of their children as may require them.

Again dealing with clause 17 in a general way, it may be pointed out that it does not go far enough in one direction and goes too far in another. Sub-clause 1 (a) is far too restrictive in that it does not include those cases which ought to be moved perhaps on account of their surroundings not being sufficiently good, and which cannot by any possible stretching of terms be brought within the conditions of "wandering about, neglected or cruelly treated." Incidentally the wording of the provision seems to be unfortunate and to require an "or" between "about" and "neglected." It would obviously be impossible to bring workhouse or asylum cases within this provision, and yet it is the only one under which an attempt could be made to deal with them. Some words are required to be added to bring in as a qualification the need of better treatment or environment. Once again there really is no provision for enfeeblement of mind, mild or marked, arising from physical disease such as apoplexy, or from the severity of antecedent insanity, or from past alcoholism and the like, unless, indeed, it is covered by "decay of their faculties." But to bring such cases under that term would be about as correct and illuminating as to describe the loss of an eye from a gun-shot wound as blindness arising from decay of the power of sight. This omission in itself will defeat the proposal to transfer middle-aged chronics from asylums to new institutions.

Then the clause covers a great deal too much, in that it applies the Act and the treatment under the Act to all idiots, imbeciles, etc., without any regard whatever to such features as dangerous proclivities. We know well enough that it is the quiet, smiling, mild-mannered imbecile who sets fire to haystacks to see them burn, who assaults and possibly murders little girls, who cuts and wounds cattle and horses. Yet, as the Bill stands, all these are to be provided for as defectives under the conditions laid down by the Bill. In fact,

there is much danger that the proposed Act will offer opportunity of putting into the new institutions some of those who are only fit for asylums. It would seem to be ungracious to suggest that economic considerations should be allowed to weigh in such a matter. But we cannot forget that in the old days the four-shilling grant, which was given to induce poor-law authorities to send recoverable cases at once into asylums to promote recovery, not only answered that purpose, but led to the sending of all forms of insanity to the asylum, thereby blocking them up with chronics, and thus leading to the present demand for relief through cheaper accommodation; it would indeed be irony on human nature if the present bait of economy led to the exactly reverse operation. It would seem to be proper that careful provision should be made against all risk of the mixing up of cases, and it might be well that the certificate to be given by the medical practitioner should be framed so as to ensure that a choice between the two lines of detention must have been made by him on special and critical differentiation. In this relation some mention should be made of the curious provisions whereby the Board (clause 5) is directed, and the Home Secretary (clause 34) is empowered, to provide and maintain institutions for defectives "with criminal, dangerous or violent propensities." Such provision is right and proper as regards criminals, but what are ordinary asylums built for except to deal with dangerous and violent defectives? There can be no classification of dangerous and violent propensities in terms of defect or lunacy; on the contrary, classification must be between defects in terms of danger or violence. By practice and common-sense the defective is regarded as a lunatic, or at least fit for treatment as a lunatic, when he becomes dangerous or violent. Verily, if it is sought to remove harmless chronics on the one hand and the dangerous on the other, the usefulness of asylums of all kinds has departed.

Perhaps a word may be said about the term "imbecile." As will be seen it is used in the Bill in the strict sense, importing early incidence of the deficiency. But it is by no means sure that the ordinary layman thus restricts its meaning. Thus a wrong impression may be easily entertained by one who makes a survey of this form of deficiency in any area, unless he has had the opportunity of studying the precise terms of the Bill.

Some objection has been taken to the wideness of the sub-clause (1) (*f*); in fact this clause is sure to be subjected to strong criticism, as it was in the second reading debate. An amendment has been put down for its total deletion. It is to be hoped that there will be some provision of the kind to take note of feeble-minded persons, especially girls, who inherit money and run risk thereby from schemers. It will be remembered that some years ago, the Parliamentary Committee, on being informed on high authority that there was no legal protection for such persons, made representations that Sect. 116 of the Lunacy Act might well be extended to cover them. The idea was favourably received by the authorities, and it would be a good opportunity to make such provision now. It has to be noted that the lot of anyone dealt with under the Act may take the shape of being placed under guardianship and not necessarily of personal detention.

There seems to be almost entire absence of provision for the discharge of defectives from institutions, or for removing names from the register. I note that the Home Office stated in an interview with the representatives of the County Councils Association that the latter omission will be rectified by regulations to be drawn up by the Secretary of State.

Mr. Dickinson has put down a valuable series of provisions for voluntary submission to treatment. He has also another series dealing with the institution of receiving-houses or wards for defectives, in which they are to be subjected to observation and temporary treatment. The admission into these seems to be sufficiently guarded, but does not require the greater formality of the ordinary procedure under the Act. The medical officer of the local authority will inspect the patient immediately after he has been admitted on the certificate of the medical officer of the receiving house. The former will decide how the patient is to be dealt with. The idea is an excellent one, which will probably save expense. It is to be feared that recovery will not often be one of the benefits such as are hoped for from the proposed receiving-houses under the Lunacy Acts. For this purpose the local authority may demand from any public body (including guardians and borough councils) the use on terms of a building or part of a building, or it may provide the accommodation itself.

On clause 42, which applies the Asylum Officers Super-

annuation Act of 1909 to institutions certified under the Act, Lord Wolmer seeks to graft many of the provisions of the Bill brought in by him for regulating the hours of asylum service. This will have to be narrowly watched by our Parliamentary Committee as before.

There are altogether twenty-five pages of amendments put down. But a great number of these are unimportant, being drafting amendments of those consequent on matters already settled. But one long series aims at preserving intact the provision of existing institutions for idiots, imbeciles, and feeble-minded, the interests of which are imperilled, though probably without any such intention, by the language of the complicated arrangements for the various forms of new institutions. It is very evident that these places, many of which have done so much for juvenile defectives, have warm friends on the committee, as they deserve to have.

¶ With much diffidence I venture to suggest that an ideal Bill should contain the following among other fundamental clauses :

That the whole scheme as finally adopted for dealing with defective children, together with all the provisions for their detention and maintenance when necessary after they pass from childhood, be made absolutely and immediately compulsory.

That the dealing with adults and old people, other than those detained from their childhood, as above, be made permissive for a period of, say, five years. During this time it would be seen how far voluntarism with all its advantages serves to bring about the desired ends. There would be thus valuable opportunity for discovering by varied experience the best methods of treatment, the most suitable forms of institutions and institutional life and so on. Above all it would afford time to make a correct estimate of the amount of accommodation which would eventually be required. The respite would give local authorities time to take up the great burden thrown on them. We may reflect on what would be the position of the insane, compared to what it now is, if all asylums had been built compulsorily and immediately on the passing of the 1845 Act, even if they had been built on the best model of that day. At the end of the period it might be necessary to apply stimulus, or, on the other hand, the permissive stage might be prolonged.

That suitable contribution should be made by the State, on the footing of the nation being at least equally responsible with its component parts for carrying out a vast reform, which would benefit all.

That all division of the controlling authority be removed by removing the cause of that division. Assuming, as I think may be correctly assumed, that the granting of a sum of public money is the only valid reason for establishing an executive committee, it would not be difficult to remove that reason by providing (*a*) that all State contributions should take the form of *per caput* grants, which would bring these grants into line with those now given in respect of asylum patients. The existence of such grants has not hitherto needed the establishment of an executive committee of the present Board of Lunacy; and (*b*) that the Home Office Department should continue to have the care of the criminal defectives. The only other money provision in the Bill is for the payment of the remuneration of the Commissioners and their officers. This is a matter for the ordinary procedure of the Treasury, and it is simply an extension of existing arrangements. As stated before, it is difficult to conceive any other matters, administrative or otherwise, with which the Board itself, as augmented and strengthened, cannot deal.

Finally, I desire to affirm in all sincerity that these criticisms and reflections have not been made in any carping, factious spirit. I, as well as all thinking men, know that some legislation of the kind ought to come, must come, and will come, and that unreasoning opposition would be absolutely futile. He would be a bad neighbour to any Bill, who, finding, or thinking that he has found, defects in it, passed by on the other side in silence. It is quite recognised that there is practical unanimity in endeavouring to make the best possible Act, but it must also be recognised that there are strong forces at work which suggest the need for compromise. Compromise is itself dangerous from the opportunity it affords of masking for the time difficulties which are bound to reveal themselves later on. Some of the forces have been indicated. To them may be added mistrust of eugenicists, mistrust of the medical man, and mistrust of the mental expert. One hears sometimes that a person in authority announces that he would rather follow the dictates of his own common-sense than the opinion of the most expert of mental experts. That

man forgets that the expert also exercises his common-sense, but with the difference that in his case instructed and experienced common-sense is used.

H. HAYES NEWINGTON.

The following communications have been supplied to the Journal independently of the Select Committee:

MENTAL DEFICIENCY BILL, 1912.

Special committee representing the voluntary institutions for idiots, imbeciles and the feeble-minded.—Earlswood: Mr. E. C. P. Hull (Chairman); Colonel R. H. Rawson, M.P.; Mr. Leslie Scott, K.C., M.P.; Sir George Savage, M.D., F.R.C.P. Royal Albert Institution: The Right Hon. Lord Richard Cavendish, P.C. (Chairman); Mr. C. F. Tetley (Vice-Chairman); Mr. E. B. Dawson (Vice-Chairman); Sir William Priestley, M.P.; Sir N. W. Helme, M.P. Western Counties' Asylum: The Earl of Devon (President); Major A. W. Neville Thomas (Chairman); The Hon. Lionel Walrond, M.P.; Sir John Spear, M.P.; Capt. E. F. Morrison Bell, M.P.; Major H. Du Buisson. Midland Counties' Institution: Mr. T. M. Colmore (Vice-Chairman); Mr. A. F. Bird, M.P.; Rev. T. W. Downing; Mr. A. D. Melson. Royal Eastern Counties' Institution: The Earl of Stradbroke (Chairman); The Viscount Clifden; The Hon. H. W. Pearson, M.P.; The Right Hon. James Round, P.C.; Colonel The Right Hon. Mark Lockwood, P.C., C.V.O., M.P.; Colonel Sir Courtenay Warner, Bart., C.B., M.P.; Sir Robert Price, M.P.; Mr. L. Worthington Evans, M.P.; Mr. Almeric Paget, M.P.; Mr. E. G. Pretzman, M.P.; Mr. John Wood, M.P.; Mr. H. A. Krohn, D.L.; Dr. Edgar A. Hunt.

Summary of Suggestions.

The representatives of the voluntary institutions for imbeciles urge:

(a) That, while receiving patients under the Idiots Act and remaining under its protection they should at the same time have power to receive and detain defectives, certified under the Mental Deficiency or the Education Acts.

This will probably need a new clause, and in clause 19 (a), line 16, and clause 20 (5), line 32, after the words "defectives," the addition of the words "or an institution registered under the Idiots Act."

(b) "That power be given to public authorities, including the education authorities, to contract with these institutions for the care, education and maintenance of defectives."

The following additions are suggested:

Clause 12, line 28, after the word "Act," add, "or sent to an institution registered under the Idiots Act."

Clause 24, line 14, after the word "Act," clause 36, lines 30 and 35, and clause 41, line 22, after the word "defectives," add "or an institution registered under the Idiots Act."

After Clause 13 (c), add "to contract with the managers of an institution registered under the Idiots Act for the reception, education and maintenance in these institutions of defective children for whom, in the opinion of the education authority, institutional care is desirable, provided the consent of the parents or guardians is obtained."

(c) That as there is no provision for money grants under the Idiots Act, words may be introduced into the Mental Deficiency Bill, sanctioning Parliamentary grants towards the expenses of defectives detained in the imbecile institutions

registered under the Idiots Act, as though they were detained in institutions certified under the Mental Deficiency Act.

Clause 43, line 25, after word "defectives," add "or in registered institutions under the Idiots Acts."

The following suggestions, a summary of which appears on the first page, have been prepared for any deputation that may wait upon the Home Secretary to urge that some slight amendments be introduced to increase the usefulness of the voluntary institutions for idiots, imbeciles and the feeble-minded.

The voluntary institutions for idiots, imbeciles and the feeble-minded, possess amongst them nearly 500 acres of land with large buildings, freehold and unencumbered, the total value of which is, roughly, over half a million of money, besides endowment funds of varying amounts.

The total income of these institutions for the last completed year (including donations to building and endowment funds) was about £86,000.

These institutions have been maintaining and educating by charitable funds, for from forty to sixty-five years, not only a large number of free cases, but also cases for whom, on account of the parents' want of means, inadequate payments have been made.

They have been built, furnished and equipped at considerable expense in a thoroughly efficient manner and have been brought up-to-date in methods of education, training and sanitation. They possess boys' and girls' schools, workshops for technical training, farms, sea-side houses, and special departments for the younger children, cripples and epileptics.

As legislation will undoubtedly cause the diminution of charitable contributions, and as it is specially recommended by the Royal Commission that these institutions be continued, it is imperative that the money required for maintenance of patients (as well as for future extension) should be supplemented in some way.

The representatives of the voluntary institutions are in general agreement with the Government Bill, but with the view of enabling these institutions to be continued and extended in the future, they venture to suggest some amendments.

The Bill does *not* affect the Idiots Act, under which the voluntary institutions work.

But, on the other hand, these institutions are not included in any of the provisions of the Mental Deficiency Bill.

Therefore no patients can be sent to them under it.

The proposed local authorities cannot contract with these institutions to take patients.

The local education authorities cannot contract with these institutions to take defective children.

The Secretary of State cannot give these institutions any grant out of the money to be provided by Parliament.

There is a unanimous desire to remain under the Idiots Act under which so much good work has been done.

Because a large number of patients at present maintained in these institutions have no provision made for them under the new Bill, *i.e.*, ineducable children, etc.

The Poor law authorities would lose the power they now possess of contracting with these institutions to take Poor law patients.

Suggestions.

It is therefore suggested:

(1) That registration of an institution under the Idiots Act shall be equivalent to certification of an institute under the Mental Deficiency Act, in so far that any person who can be sent under certificate to any institution certified under the Mental Deficiency Act can, under the same certificate, be received into any institution registered under the Idiots Act.

(2) (a) That nothing shall prevent institutions registered under the Idiots Act and receiving patients under that Act, receiving, at the same time, patients certified under the Mental Deficiency Act.

(b) That nothing shall prevent institutions registered under the Idiots Act and receiving patients under that Act, receiving, at the same time, mentally defective

children certified under the Education (Defective and Epileptic Children) Act, 1899.

(3) That the provisions of the Idiots Act shall apply to those now known as *feeble-minded*, in the same manner as though this class was actually mentioned in every place after the word *imbecile* in the Idiots Act.

Because the word "imbecile" in the Idiots Act was intended at the time the Act was passed to cover those who have since become known as the feeble-minded.

Because these institutions from their foundation have always provided for the class now known as the feeble-minded. Early annual reports and case books prove this, as well as the presence in the institutions of patients who have resided there for from twenty to sixty years, and who would now be called feeble-minded. This is of importance, as in the definitions contained in the Mental Deficiency Bill the term imbecile is used in a restricted sense, and does not include the feeble-minded.

(4) (a) That they remain under the control of their own Boards of Management.

(b) That there should be one central authority to control all classes of mental defectives.

(c) That the Commissioners, whether under the Secretary of State or other Government Department, should have as their first members the present Lunacy Commissioners.

(5) (a) That the proposed local authorities be empowered to contract with the boards of management of these institutions for the care, education and maintenance of any defective needing institutional care.

(b) That the local education authorities be empowered to contract with the boards of management of these institutions for the care, education and maintenance of any defective children needing institutional care.

It is the opinion of the representatives of the voluntary institutions that many of the children in the special schools, who will need permanent care, would benefit throughout their lives if it were possible to transfer them to institutions at an earlier age than that of sixteen. This will be facilitated by giving the education authorities the power to contract with the voluntary institutions.

(6) That if an extension of the existing buildings is considered advisable, some provision should be made for raising the money necessary for this purpose.

(7) That in consideration of these institutions with their lands, buildings, workshops and existing funds, which have all been provided by voluntary effort, being used for public purposes, the Secretary of State be empowered to contribute grants out of money provided by Parliament towards the cost of each defective thus contracted for; and that the grant be paid direct to these institutions.

(8) That institutions maintaining defectives certified under the Idiots or Mental Deficiency Acts be exempt from any payments for these patients that may be due under the National Insurance Act.

The attention of Members of Parliament is called to the fact that the Mental Deficiency Bill makes no provision for the very large class of ineducable children nor for those discharged from special schools or classes *before* the age of sixteen and still defective, and it is urged that at the least Clause 17 should bring definitely within the Act those discharged from special schools or classes *before* the age of sixteen and *still* defective.

A large number of the cases at present maintained in the voluntary institutions will not "be subject to be dealt with" under this Act, nor will they be eligible to receive any Parliamentary grant.

Attention is also drawn to the fact that the term "defective" will in the future have two contradictory statutory meanings. The Elementary Education (Defective and Epileptic Children) Act, 1899, excludes imbeciles from this term, the Mental Deficiency Bill proposes to include imbeciles in the term.

STATEMENT REGARDING PROPOSED LEGISLATION FOR THE MENTALLY DEFECTIVE
WITH REASONS WHY THE "MENTAL DEFICIENCY BILL" BE EXTENDED TO
IRELAND.

The growing sense of obligation to provide for the mentally defective in these countries who do not come within the scope of the lunacy laws is shown by the

fact that there are at present three measures for the purpose before Parliament, *vis.*, the Feeble-minded Persons (Control) Bill, introduced under the combined auspices of the National Association for the Feeble-minded and the Eugenics Education Society, and read a second time on May 17th, 1912; the Mental Defect Bill, an ambitious measure supported by the Charity Organisation Society, and read a first time on April 15th, 1912; and lastly, the Government measure, the Mental Deficiency Bill, introduced on May 16th, 1912, and read a second time on July 19th, 1912.

All three measures were intended to apply to England only, but as the result of action taken by the Scottish authorities, Scotland has been included in the provisions of the Government Bill. Ireland is, however, expressly excluded therefrom by the 68th Clause. Yet Ireland stands in more urgent need of provision for the classes dealt with than either of the sister countries, there being no legal enactments affecting the mentally defective who are not lunatics, nor any means of dealing with them except the Stewart Institution, which is supported by voluntary subscriptions and cannot provide for more than about 100; whereas in both England and Scotland legal provision is made and institutions exist for dealing with several of the classes. In addition to this, the Report of the Royal Commission on the Care and Control of the Feeble-minded has shown that Ireland is worse off than either of the sister countries, whether as regards the actual numbers of mentally defective persons relative to the population, or as regards the proportion of these urgently in need of provision. Thus, it was estimated that there were in Ireland in 1906, 25,415 mentally defective persons outside of asylums, and that of these no less than 66·06 *per cent.* were in need of immediate provision, as against 44·45 *per cent.* in England and Wales and 34·57 *per cent.* in Scotland. It is, therefore, most disappointing that the country which is of the three the most urgently in need of provision should be that one which is expressly excluded from the scope of the Government measure, and at a Special Meeting of the Irish Division of the Medico-Psychological Association of Great Britain and Ireland, summoned to consider the matter, a resolution was unanimously passed urging the necessity of introducing modifications to the Government Bill so as to extend its provisions to this country. Copies of this resolution have been sent to the Chief Secretary, to all the Irish Members of Parliament, to the county councils and others, with the request that they will use their influence to carry it into effect.

The classes of persons proposed to be dealt with by the Bill are such idiots, imbeciles, feeble-minded persons, moral imbeciles and persons who have become mentally infirm from age or decay of their faculties, as are not properly provided for, or are in prison, or in a reformatory, industrial school or inebriate reformatory, or charged with an offence, or are habitual drunkards, or should not be allowed to procreate children, or in whose case other special circumstances exist rendering it desirable to deal with them under the Act. They also include children discharged at the age of sixteen from a special school or class established under the Elementary Education (Defective and Epileptic Children) Act, 1899, and notified by the local education authority to the local authority under this Act; but as the Elementary Education Act does not apply to Ireland, and there are no special schools or classes and no local education authority, this part of the Bill would not be applicable.

It is proposed to make the county and borough councils respectively responsible for dealing with the above classes of defective persons as local authorities acting through a committee for the care of the mentally defective appointed by them, but such local authority is not to be obliged to provide accommodation for such cases unless a sum of 7s. per week per head is contributed by Parliament. A total contribution of £150,000 per annum by Parliament is authorised, but this is in addition to payments made for such persons as shall be transferred from Government institutions, such as prisons, reformatories, etc. It would require to be increased if Ireland is included.

It will be seen that many of the persons to be dealt with under the Bill are already, though unsatisfactorily, provided for in asylums, workhouses, prisons, reformatories and other institutions, and therefore their transference to institutions of the kind contemplated would tend to reduce the expense of the existing establishments, and as regards asylums to lessen the overcrowding which is so very general; while once the new institutions were established, the increased contribution from

Imperial sources (from 4s. to 7s. per head per week) would minimise the additional strain upon the rates. The provision of the necessary institutions in the first instance would, however, constitute a heavy initial expenditure such as the Royal Commission on the Feeble-minded has stated could not possibly be borne by the ratepayers unless they receive a substantial building grant in aid, and in this respect, as well as in respect of maintenance, it would seem that Ireland has a special claim for generous treatment, for the following reasons:

(1) Emigration leaves an undue proportion of the senile feeble-minded class, who are mostly in indigent circumstances, and hence gravitate to workhouses and asylums.

(2) The younger feeble-minded often find their way into State or State-aided institutions such as prisons, inebriate and ordinary reformatories, and their removal from these would reduce expense to the State.

(3) Consequent to some extent on the admission of such persons to the district asylums, the grant-in-aid, normally 4s., has been greatly reduced, and so a still greater burden has been thrown on the ratepayers.

It would, therefore, seem reasonable to expect a special grant in aid of building institutions to be made to this country.

But, after all, the strongest argument for the extension of the Bill to Ireland is the crying need for some provision for the non-insane defectives of all ages, who, under existing circumstances are left to drift into lives of degradation, crime and disease, and to hand on their own defects in aggravated form to their hapless and often illegitimate offspring, thus sowing the seed of an ever-increasing crop of degeneracy, and building up an ever-increasing burden of expense to the community.

R. R. LEEPER,
*Hon. Sec., Irish Division,
Medico-Psychological Association.*

MENTAL DEFICIENCY BILL.

From the Irish Division of the Medico-Psychological Association of Great Britain and Ireland. Suggestions for a new Clause 68 to include Ireland.

Clause 68: This Act shall apply to Ireland subject to the following modifications:

The Central Authority to be constituted as recommended by the Royal Commission on the Feeble-Minded, *viz.*, with the Registrar in Lunacy and the two Inspectors of Lunatics as a nucleus, together with unpaid Commissioners not exceeding two; the Registrar in Lunacy to be *ex-officio* Chairman.

References to His Majesty the King and the Secretary of State to be taken as meaning the Lord Lieutenant of Ireland; the Lord Chancellor to mean the Lord Chancellor of Ireland.

The Local Government Board to mean the Local Government Board of Ireland.

The Commissioners in Lunacy to mean the Inspectors of Lunatics.

The Prison Commissioners to mean the General Prisons Board of Ireland.

Provisions affecting the Education Authority not to apply.

In Clause 18 of the Bill the word "Overseer" to be omitted, and the words "manager of national school" added.

The Judicial Authority to be a County Court judge, a resident magistrate, or any justice annually appointed as such judicial authority in accordance with regulations analogous to those contained in Section 10 of the Lunacy Act, 1890.

Clause 21: Petitions to be heard by the Lord Chancellor or any Lunacy Judge under the Lunacy (Ireland) Act, 1901, in accordance with rules to be made by the Lord Chancellor.

Clause 38: Regulations to be made by the Commissioners with the approval of the Lord Lieutenant.

(This is on the supposition that the Registrar in Lunacy is to be Chairman of the Commissioners, otherwise the rules should be approved by the Lord Chancellor before being submitted to the Lord Lieutenant.)

Clause 41 (7) may require modification.

Clause 61 does not apply, but Sections 68, 69, and 113 of the Lunacy Regulation (Ireland) Act of 1871 shall apply in the case of persons dealt with under the Act, no matter what the amount of their property.

Clauses 37 and 64 do not apply, and Clause 68 (2) is withdrawn.

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S.W.

AMENDMENTS TO THE MENTAL DEFICIENCY BILL RECOMMENDED BY THE
EXECUTIVE AND MEDICAL COMMITTEES OF THE NATIONAL ASSOCIATION
FOR THE FEEBLE-MINDED.

Executive Committee.

President : Lady Frederick Brudenell-Bruce.

Chairman : Sir William Chance, Bart.

Hon. Treasurer : Sir R. Biddulph Martin, Bart.

Lord Frederick Brudenell-Bruce; Miss Bushell; Harry Corner, Esq., M.D.; Miss Craster; Mrs. H. St. L. Curteis; Miss Evelyn Fox; Leonard G. Guthrie, Esq., M.D., F.R.C.P.; Mrs. St. John Hope; Miss Kelsey; E. Montefiore Nicholls, Esq., M.A.; W. E. Mullins, Esq., L.C.C.; Mrs. Kinsey Peile; H. F. Pooley, Esq.; Mrs. Western.

Hon. Medical Consulting Staff.

Leonard G. Guthrie, Esq., M.D., F.R.C.P., *Chairman*.

London.—Harry Corner, Esq., M.D., M.R.C.S., late Resident Physician, Medical Superintendent, Earlswood Idiot Asylum; Miss Dickinson Berry, M.D., L.R.S.P., Assistant Medical Officer, Education Committee, L.C.C.; R. Langdon Down, Esq., M.B., M.R.C.P.; T. N. Kelynack, Esq., M.D., M.R.C.P., Hon. Secretary of Society for Study of Inebriety; F. W. Mott, Esq., M.D., F.R.C.S., Pathological Laboratory, London County Asylum, Claybury; Dr. Agatha Porter, L.R.C.P., L.R.C.S., Royal Free Hospital and New Hospital for Women; Dr. Ettie Sayer, M.B., B.S., Assistant Medical Officer, Board of Education, L.C.C.; C. J. Thomas, Esq., M.D., M.R.C.S., Assistant Medical Officer, Education Department, L.C.C.; William Hill, Esq., M.D., Consulting Surgeon for Diseases of Ear, Throat and Nose, St. Mary's Hospital; Charles S. Blair, Esq., M.D., F.R.C.S., Clinical Assistant, Royal Eye Hospital, Southwark; E. Wallis, Esq., M.R.C.S., L.D.S.; Dr. Constance Long, M.D., L.S.A., Medical Officer to the Education Committee; Walter E. Fry, Esq., F.R.C.S.

Provincial Members.

Birmingham.—W. A. Potts, Esq., M.D., Medical Expert, Royal Commission on Care and Control of Feeble-minded; G. A. Auden, Esq., M.D., M.R.C.P., Medical Superintendent, Education Committee, Birmingham.

Bradford.—F. W. Enrich, M.D., Professor Forensic Medical University, Leeds.

Brighton.—Dr. Helen Boyle, M.D., L.R.C.P., Medical Officer, Lewes Road Hospital for Women and Children, Brighton.

Bristol.—J. Mitchell Clark, Esq., M.D., F.R.C.P.

Cambridge.—Sir Clifford Allbutt, K.C.B., F.R.S., Regius Professor of Physics, University of Cambridge.

Cardiff.—Charles Downing, Esq., L.R.C.P., M.R.C.S.

Coulsdon.—Fletcher Beach, Esq., M.B., F.R.C.P., Hon. Physician to Chalfont Colony for Epileptics.

Guildford.—A. F. Tredgold, Esq., L.R.C.P., F.R.C.S., Medical Expert to Royal Commission on Feeble-minded.

Leicester.—Frank M. Pope, Esq., M.D., F.R.C.P., Consulting Physician to Leicester and Rutland County Lunatic Asylum.

Liverpool.—C. F. Macalister, Esq., M.D., F.R.C.P.

Manchester.—Charles H. Milland, Esq., M.D., M.R.C.P., Medical Expert to Royal Commission on Feeble-minded.

Newcastle.—Dr. Ethel Williams, M.D.

Nottingham.—E. Powell, Esq., M.R.C.S., L.S.A., Superintendent, City Asylum, Nottingham.

Oxford.—A. L. Ormerod, Esq., M.D., F.R.C.P., Medical Officer to Education Authority, Oxford.

Sheffield.—R. P. Williams, Esq., M.D., Assistant Medical Officer of Health to City of Sheffield.

The Executive and medical committees of the National Association for the Feeble-Minded wish strongly to urge the following recommendations and amendments:

RECOMMENDATIONS.

(1) A dual authority is inadvisable and control should be vested in the hands of the Lunacy Commissioners.

(2) Should the authority be the Lunacy Commission, it should be suitably strengthened by the addition of new Commissioners including at least one woman.

(3) Should the new authority be constituted as in the Bill, in view of the inevitable overlapping of the work of the two bodies of Commissioners, definite machinery should be contained in the Bill to co-ordinate the work of these two bodies until such time as amalgamation takes place under Sec. 62.

(4) Clause 2: In event of the Commissioners being appointed, as suggested in the Parliamentary Bill, it is desirable that the legal and medical professions should be duly represented.

(5) Clause 4: Ownership of licensed houses under the Lunacy and Idiots Act should be made a disqualification.

(6) Clause 8: Attention is drawn to the non-mention of women in the clause providing that a council having a single visiting or asylums committee under the Lunacy Act, 1890 to 1911, may empower that committee to act for the care of the mentally defective, and that provision should be made for their being placed on such committees.

(7) Clause 27: The Committee consider that a medical report should always be procured.

(8) Clause 29: Attention to be drawn to the absence of a medical certificate.

(9) Attention is to be drawn to the safeguards included in the clauses as to re-certification and discharge contained in the Feeble-Minded Control Bill as amended. (See clauses 10, 11, 13 and 15.)

(The Committee suggest that these would probably come in under clauses 31 and 32 of the Government Bill.)

AMENDMENTS.

Clause 3, page 2, line 23: After "inspectors" add "some of whom should be medical practitioners."

Clause 11, page 5, line 16: After "appoint" insert "and pay."

Clause 12, page 5, line 22: After "area" insert "not in institutions for defectives or otherwise provided for under this Act."

Clause 12, page 5, line 29: Leave out (c) "to keep register of defectives." If line 29 is retained, after "defectives" insert "subject to this Act."

Clause 12, page 6, line 33: At end of clause add "provided that if at any time the Commissioners are of opinion that a Local Education Authority is not making such provision as is reasonably necessary under the Elementary Education

(Defective and Epileptic Children) Act of 1899 they may direct the local authority to make provision under this Act for such children as require it."

Clause 13, page 6, line 37: After "area are" insert "not in institutions for defectives or otherwise provided for under this Act and are."

Clause 17, page 8, lines 34 and 35: Delete "Defectives" and insert "(1) Idiots, or (2) Imbeciles or (3) Feeble-minded and."

Clause 17, page 9, lines 11, 12, 13: Leave out paragraph "e" and insert "who are in need of further care and control, and are a source of injury or mischief to themselves or others."

Clause 17, page 9, line 16: After "State" insert "on the advice of the Commissioners under this Act."

Clause 17, page 9, line 18: At end insert "or (4) Moral Imbeciles, or (5) Mentally infirm persons who are (1) found wandering about, neglected or cruelly treated. (2) In need of further care and control, and are a source of injury and mischief to themselves or others."

Clause 17, page 9, line 39: After "some" insert "permanent."

Clause 17, page 10, line 1: Leave out "strong" and insert "habitual."

Clause 18, page 10, line 10: Leave out "within the meaning of" and insert "and is subject to be dealt with under."

Clause 20, page 10, line 20: Leave out "friend" and insert "responsible person having personal knowledge."

Clause 19, page 10, line 19: At end insert "Nothing in this Act shall prevent a feeble-minded person who is over twenty-one years of age, from voluntarily placing himself as a boarder in a certified house or institution, provided always that notice of his reception shall be given to the Commissioners within twenty-four hours of his reception by the owner or manager of the certified house or institution into which such boarder has been received."

If any owner or manager fails to comply with the provisions of this section he shall for each day or part of a day during which the default continues, be liable to a penalty not exceeding five pounds.

If the Commissioners after inquiry are of opinion that the mental state of any boarder received into a certified house or institution is such as to render him unfit to remain as a boarder, they may order the owner or manager of the certified house or institution either to remove such boarder or to take steps to obtain an order for his reception as a defective and subject to be dealt with under this Act.

Any owner or manager failing to comply with an order of the Commissioners made pursuant to this section shall, for each day during which the default continues, be liable to a penalty not exceeding five pounds.

Every boarder shall, if required, be produced to the Commissioners and visitors respectively on their respective visits.

A boarder may leave the certified house or institution in which he is a boarder upon giving to the manager thereof three days' notice in writing of his intention so to do.

If any person is not allowed to leave the certified house or institution in which he is a boarder after the expiration of three days' notice to the manager thereof of his intention so to do, he shall be entitled to recover from the manager ten pounds as liquidated damages for each day or part of day during which he is detained."

Clause 20, page 11, line 1: After "one other person" leave out sentence in brackets (who may be one of the persons who gave a medical certificate), and insert "who should be a qualified medical practitioner."

Clause 25, page 14, line 19: After "twenty-one" insert "and subject to be dealt with under this Act."

Clause 25, page 14, line 24: After "Defective" insert "and subject to be dealt with under this Act."

Clause 25, page 14, line 41: At end insert "Nothing in this section shall prevent a parent or guardian of a feeble-minded person under twenty-one years of age, and not subject to this Act, from placing such a person in a certified house or institution for defectives or under the guardianship of a suitable person, provided that notice of his reception shall be given to the Commissioners, within twenty-four hours of his reception by the guardian, owner or manager of the certified house or institution in which such person has been placed."

Clause 25, page 14, line 38: Leave out paragraph 4.

Clause 31 or 32, pages 17 and 18: Insert, "Nothing in this Act shall operate to deprive any parent, guardian, or relative being above the age of twenty-one years, of any feeble-minded person certified under this Act, of the care, control, and protection of such feeble-minded person, upon proof being given to the Commissioners by such parent, guardian, or relative being above the age of twenty-one years, that such feeble-minded person, in respect of whom application is made, will receive adequate care, protection and control."

Clause 38, page 21, line 10: After "and" insert "general."

Clause 42, page 24, line 11: After "defectives" insert "if maintained by public funds."

Clause 47, page 26, lines 5 and 6: After "Defectives" insert "and subject to be dealt with under this Act."





